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ANGOLA

Red Cross Official Describes Activities

93WE0130B Luanda JORNAL DE ANGOLA in Portuguese 10 Nov 92 p 3

[Article by Joao Francisco]

[Text] "In those hospitals (...) you could see how much is charged and what price one pays for this thing men pompously call 'glory.'" Paraphrasing Henry Dunant, founder of the International Red Cross, we finished JORNAL DE ANGOLA's round of visits to the various hospitals in Luanda and embarked on an "incursion" into the world of the nongovernmental institutions, who also had their hands full dealing with the needs that have begun to arise to some extent throughout this country, due to the clashes between the government forces and the military wing of UNITA [National Union for the Total Independence of Angola], the FALA [Armed Forces for the Liberation of Angola].

Henry Dunant, for those who do not know, was a Swiss, the owner of a small business in Geneva who had witnessed many bloody battles, including Solferino (Italy) in the 19th century. There, thousands of wounded left to their own devices died, struck down by thirst and illness. The military authorities of that era believed the chaos that reigned after a battle was normal, a natural consequence of the war.

We in Angola are experiencing a similar situation following the clashes that occurred in the capital city, especially between 30 October and 3 November, and now that the FALA has taken Bengo (Caxito), a locality 60 km from the capital, where the people are also experiencing the "nightmares" of the "third national war."

The Angolan Red Cross

The Angolan Red Cross (CVA) has been and continues to put all its teams into the field without worrying about ways and means—by the way, in these cases, even "a lot" proves to be "not enough."

Today, Tuesday, for example, a top-level team from the CVA, working with other NGOs [nongovernmental organizations], is leaving for Panguila, where the refugees from the skirmishes at Caxito have gone. The Human Rights Association has a permanent representative there—to witness the difficulties firsthand, and to assist, as needed, the people who are there or who are being evacuated to the capital. JORNAL DE ANGOLA learned from a reliable source that the teams are assembling in the CVA transportation yard, near ENCEL [expansion not given], at about 800 hours.

Red Cross Secretary General Aleixo Goncalves told our reporters yesterday that during the days following the conflicts in the capital city the CVA had mobilized within the Luanda city limits, working with the provincial delegation and with ELISAL [expansion not given] to "clean up" the city or help pick up the bodies that were scattered everywhere. It dispatched its ambulance service to help take the wounded to hospitals. Everything had been mobilized for the situation—from volunteers and relief workers to the Angolan Red Cross professionals themselves.

He also said this was an ongoing activity, since the teams were communicating via radio, using transmitter-receivers installed right in the vehicles.

Now that the difficulties in the capital are easing, attention is turning to the people coming out of Bengo (Caxito). At this moment, about 2,000 displaced persons have already been assisted and evacuated from Panguila to Luanda. Red Cross teams at the site vary between 20 and 30 persons, including nurses. Two or three trucks make the Panguila-Luanda trip every day, nearly full of people. Then there are the ambulances, prepared to aid those victims that need most urgent care.

One Red Cross team is making new surveys of the situation in cooperation with the joint commission formed by the government and other institutions for that purpose.

Support and More Support

The CVA always needs help. At this point, no help is too much and so it has appealed to all the similar organizations. "Favorable responses have already been received, and some organizations have asked us for a list of needs," Aleixo Goncalves said. He added that "just yesterday, Monday, I met with almost all the analogous organizations—including the International Committee of the Red Cross, which gets involved whenever there is an armed conflict to help the victims—to map out our joint plans of action." Besides the Angolan organizations analogous to the CVA and headquartered in Luanda, we also enountered receptivity at the CICS (Svilupp International Cooperation Center), an Italian NGO, said Goncalves, in conclusion.

Situation in Hospitals Described

Luanda Hospitals 'Very Busy' Following Clashes

93WE0130A Luanda JORNAL DE ANGOLA in Portuguese 6 Nov 92 p 3

[Article by Joao Francisco]

[Text] Luanda hospitals are still very busy. The Prenda Clinic, one of those that received the most civilians injured by the tragic clashes that occurred on the weekend, yesterday had to send all its patients that needed urgent surgery to other hospitals.

The reason, according to some members of the medical teams who were present, is that the night before all, the operating room supplies had been used up during the

previous 24 hours and had to be replaced. That meant that no urgent cases at all could be handled, at least not until noon.

A few thousand patients have entered this hospital. Its installed capacity, for patients of all types, is only 120 beds.

Problem of Bodies Solved

When we stopped by the Prenda Clinic some days ago, a lot of bodies were stacked up in front of the hospital morgue. Yesterday when we went back there not a dead soul could be seen. And, instead of the nauseating odor that had pervaded the place, we were met with the smell of criolina, the only product the hospital administration could find on the parallel market to attempt to relieve the situation.

According to Jose Narciso Junior, deputy administrative director of the Prenda hospital, the solution for the dead bodies that had completely filled that "funeral home," was not found until day before yesterday, Tuesday, when he requested one of the community vehicles, the kind that used to roam the streets picking up cadavers. They initially removed the bodies to the Americo Boavida Morgue, but later they were sent to common graves dug somewhere in Kamama cemetery.

We also found out that the Prenda morgue has one three-compartment body preservation chest, and can store as many as 30 bodies, enough to meet normal needs.

'Dead' Children

One child dies every day at the Josina Machel hospital. They were innocent bystanders and were wounded in different parts of their bodies during the days of the incidents. Yesterday it was Cristina Francisco's turn. The daughter of Francisco Tumano and Cristina Sebastiao, she is only one year old. Cristina Francisco had just died the night before, at 1845. The diagnosis was drastic for a newborn child: a wound to the cranium caused by a bullet.

While the family was in mourning, Isabel Jose, 5, and Delfina Pedro, also a newborn, were waiting in the hall outside the operating rooms for surgery—also for fragments in their bodies. They were injured in Prenda and Marcal, areas where some of the pilot committees of UNITA [National Union for the Total Independence of Angola] are located that were the target of heavy attacks.

Gamboa Family's Story

On our first rounds through the hospitals we referred to an incident at the pediatric ward at the Josina Machel hospital that had brought tears to our eyes: five month-old Olga Gamboa had been carried in by her grandfather, in pitiful shape, because she had been shot in almost every part of her body and received a blow to the head—all this the result of a grenade that hit the house where she lived with her parents. The shrapnel went everywhere—even into the area were the baby had gone for protection with her brother, Assuncao da Rosa, who was also wounded and is now hospitalized. The explosive device had been thrown by a group of people summoned by their own neighbors in the Cazenga neighborhood, just because the family is a member of UNITA.

Yesterday, Maria Kaquarta, mother of Olga, who did not accompany her when she was evacuated, was at her daughter's side and nursing her. The child appeared to be recovering. However, neither she nor her family will forget the sad drama they experienced.

Kaquarta said she had been unable to go with her baby because when they broke down the door of her house "they fired shots" and she was "taken prisoner" along with her husband. Then they were taken to a site near Sao Paulo, where they were presented to the leader of the group. It was only after explaining her story that she was released. She also said that her husband, Alberto Gamboa, had been taken to the police squadron and has not been seen since. She does not know where he is.

How many children are dying, or will yet die, as victims of the men who persist in solving their problems with weapons? Only time will tell.

Foreign Doctors Leave Uije Hospital

93WE0137A Luanda JORNAL DE ANGOLA in Portuguese 25 Nov 92 p 3

[Article by David Filipe: "Uije Hospital Needs Specialists"]

[Text] Uije—The provincial hospital of Uije is facing serious problems as a result of the departure of eight foreign doctors.

Speaking with journalists in this city, Nzuzi Antonio, provincial delegate of the Health Ministry, made an urgent appeal to the central structures of the ministry to send in three specialists in gynecology, orthopedics, and surgery.

"By the grace of God, since the foreign doctors left because of the situation of insecurity, we have not had a case requiring surgical intervention; otherwise, we would have a serious problem," he lamented.

The 400-bed provincial hospital is currently functioning with two physicians: Nzuzi Antonio and his wife Milwesi Lucombo, who is a pediatrician.

The provincial delegate said he relied on the support of highly experienced nurses. At that time he announced that six Korean doctors would be arriving shortly.

Regarding medicines, he said that the supplies in the provincial depository were very low and asked for a replenishment of the stocks, since cholera has begun to take lives.

"There are enough medicines in Luanda," the delegate said. "Unfortunately, the land route from there is

through territory held by the UNITA [National Union for the Total Independence of Angola], which makes it impossible to ship the medicines," lamented Antonio. He refuted reports circulating in this city that the provincial depository is supplying the black market.

"Medicines arrive here through many channels, so they may show up in these locales," he explained. According to Antonio, the situation of the people in the municipios is troubling, since the nurses have fled.

At the provincial hospital, according to the delegate, there are no major problems with regard to food. He added that the World Food Program [WFP] had supplied a large quantity of food to the hospital.

"The local government has also given special attention to our problems, although it has not solved them entirely," Antonio acknowledged.

Pediatrics Hospital

The project to complete the pediatrics hospital dates from 1980. It is only now, after 12 years, that the present provincial government has come up with a solution, making 90 million new kwanzas available for the purpose.

The provincial delegate told JORNAL DE ANGOLA that the initiation of the work depends on finding a "competent" construction company at the local level.

Dondo Hospital in 'Deplorable State'

93WE0137B Luanda JORNAL DE ANGOLA in Portuguese 24 Nov 92 p 3

[Article by Joao Francisco: "Dondo Hospital Has Many Problems"]

[Text] The hospital in Dondo City is a real contrast to what goes on in the municipio in the other areas that primarily attend the displaced people from Kwanza-Norte Province, who make the town an obligatory stopover. [as published]

The establishment is a hospital in name only. According to Domingos King, the municipal delegate of the Health Ministry, the deplorable state of his establishment, which lacks all the means needed for the normal operation of a medical unit, either for first aid or intensive care, is partly because of the constant theft that occurs there.

King said the latest assault occurred on the night of Tuesday-Wednesday. The thieves took about 50 percent of the material that had just arrived from Luanda to replenish the stocks. The only reason the rest was not stolen as well is that it was in another location.

There are 35 beds in this hospital not in use, because once patients are diagnosed prior to admission, they prefer to return home due to the precarious conditions at the hospital. The establishment has three doctors: a Vietnamese and two Angolans. It also has 25 basic technicians.

Despite everything, the hospital is attending from 80 to 85 patients a day, and it has even sent some medicines to assist about 30 displaced people now located in Hanga Ya Pepa.

As if this were not enough, its workers are not being paid on time; they received their last pay in October. We spoke with a third-class nurse who earns 47,000 kwanzas and were told: "It is not enough." Ana Vicente, 25, a basic nursing technician, added that "if we relied on my salary alone, we could not survive; it takes both our salaries (mine and my husband's) to afford the prices charged on the market. And this is just to survive...."

It may fairly be said that there is a struggle for survival in Dondo City, where almost all the displaced people from Kwanza-Norte are concentrated.

Norway Donates Mobile Hospital for Bengo

93WE0130D Luanda JORNAL DE ANGOLA in Portuguese 17 Nov 92 p 5

[Text] A mobile hospital capable of serving 150 people a day was inaugurated at the temporary headquarters of the government of Bengo at Egromist, a company in the municipality of Cacuaco, ANGOP [Angola Press] learned there.

The hospital, a gift from the "Peoples' Assistance of Norway" and said to have cost more than $600,000, has surgical and other facilities to serve displaced persons from the city of Caxito.

According to Leonor Lino Kilomelenga, director of the Bengo provincial hospital, the center has 100 beds and a clinical staff composed of four Angolan physicians, three foreign doctors, and 15 nurses, whose nationalities were not announced.

The municipal administrator of Dande, Ernesto Chilala, said that 14,970 residents had fled the Caxito region between the start of the clashes and last Sunday. This figure is low, because some people were not counted.

When UNITA [National Union for the Total Independence of Angola] took over the city, Caxito had about 30,000 residents, 14,970 of whom have taken refuge in Luanda, according to statistics kept by the Bengo government.

SOUTH AFRICA

Medical Research Agreement Signed With Kenya

MB0902153493 Johannesburg SAPA in English 1327 GMT 9 Feb 93

[Text] Johannesburg Feb 9 SAPA—The Medical Research Council [MRC] of South Africa has signed a

joint research agreement with its Kenyan counterpart, its first with an African institution.

Malaria will be the most important of 19 areas of collaboration covered by the contract.

"This is because malaria is such a big problem in Africa," MRC President Prof Walter Prozesky said from Cape Town on Tuesday.

Prof Prozesky and Dr Davy Koech, the director of the Kenya Medical Research Institute (Kemri), signed the agreement in Nairobi last week during a medical research conference.

"This agreement will really benefit both the MRC and Kemri," Prof Prozesky said.

"Kenya is one of the top African countries in the medical research sphere, and since we share a common language, we can communicate very effectively."

Work is still being done to "flesh out" the agreement, but it is expected to be up and running within the next few months.

"The agreement is flexible and will allow for lots of scope to broaden or narrow the joint research as issues crop up," said Prof Prozesky.

Other areas identified for research include: AIDS and other sexually transmitted diseases, tuberculosis, nutrition, urbanisation and environmental health, diarrhoeal diseases, sports medicine, cancer and mycotoxins, epidemiology, traditional medicines and hepatitis.

The specific fields of joint research would be determined by mutual agreement, and both organisations would actively encourage the exchange of staff to strengthen collaboration on reserach projects, Prof Prozesky said.

The institutions have also agreed to help in advancing each other's training needs.

"It is the first step in what we believe will be a productive association with Kemri," Prof Prozesky said. "From here, research protocols will be worked out, and additional funding will be sought."

He added international funding bodies had indicated they would give preferential treatment to co-operative/collaborative projects.

"By creating an opportunity for collaboration as we did with the MRC/Kemri agreement, we have placed ourselves in a situation which is not only conducive for quality research, but also for making use of financial resources more effectively."

The agreement makes provision for the review of the collaboration between the two institutions every 3 years, and individual projects annually.

Kidney Transplant Program at Johannesburg Hospital Slows Down

93WE0138B Johannesburg SUNDAY TIMES in English 22 Nov 92 p 5

[Article by Cas St. Leger. Words in boldface, as published.]

[Text] **THOUSANDS of people on the Witwatersrand may die because they can't get life-saving kidney transplants.**

There are 200 patients awaiting transplants and another 2,800 who need them.

And, as the transplant programme slows down, the demand for the area's few dialysis machines—the Johannesburg hospital has six—far exceeds their capacity.

Dialysis is also increasingly beyond the reach of the average patient, with home machines costing up to R80,000. Dialysis itself costs R50,000 or more a year.

This year the former transplant leader, the Johannesburg hospital, has performed only 63 kidney transplants—31 fewer than last year. In 1987 120 kidney transplants were carried out.

By contrast, the smaller Groote Schuur in Cape Town has increased its transplants from 51 last year to 65 this year.

"Something is wrong in Johannesburg," said Mrs. Gudrun Clark, director of the SA Organ Donor Foundation. "They are doing far fewer transplants than they should. We are attributing the drop to the cash crisis in hospitals."

Professor Tony Meyers, who heads Johannesburg hospital's renal unit and oversees operations at Coronation, Hillbrow, JG Strijdom and Paardekraal hospitals, said the drop in kidney transplants had nothing to do with budget cuts or staff shortages. The attainable ideal would be 300 operations a year, he said.

"I can't say that the budget for transplants is unlimited, but there is a tremendous cash buffer. The facilities are here."

The unit was not short-staffed but was working to maximum capacity, he said.

He added that overworked doctors and ventilators which were needed to save other casualties meant that potential organ donors, who must be certified brain dead in hospital and maintained on a ventilator, were not being referred for transplant.

Professor Meyers said that when the hospital was opened to all race groups, the demand for transplants increased threefold, with blacks representing two-thirds of kidney patients. White kidneys were rejected by black patients, he added.

"So far we have only been able to get white donors as the black population has not yet been researched.

"However I hope to be able to increase our base line to 180 kidneys."

He added that the money to set up an efficient, staffed system to look after donors had to come from the private sector.

Professor Meyers, who is involved in raising R2-million for a new donor ward and two kidney transplant theatres, said he was confident the new facilities at city hospitals and a larger donor base would permit Johannesburg to step up its transplants to 250 a year.

Expensive

"If patients are not accepted on the transplant programme, then those who can afford it will buy a machine and we'll train them in home dialysis."

Increasingly, though, patients are encouraged to seek treatment privately, with their medical aids footing the bill.

And 30 home dialysis patients on the Reef have already been told that the Johannesburg hospital will no longer pay the R4,000 or more annual bill for the servicing of machines.

A home dialysis machine costs between R40,000 and R80,000.

"Home dialysis is unaffordable," said one Johannesburg Hospital patient. He sold his house to finance his machine when he found out that he could not hold down a job while undergoing hospital dialysis—which takes a total of 12 hours a week.

Cutbacks Force Hospitals To Reject Emergency Cases

93WE0108B Johannesburg SUNDAY TIMES in English 1 Nov 92 p 1

[Article by Charmain Naidoo: "Heartbreak as Hospitals Turn Away the Dying"]

[Text] **Paramedics and ambulancemen are saving the lives of victims of road accidents and other emergencies—and then facing the heartbreak of seeing them turned away from local hospitals.**

When patients can be admitted they sometimes have to wait for hours before receiving the treatment they desperately need. Sandton fire chief Pine Plenaar said: "The sick and injured in Johannesburg can no longer rely on prompt treatment in any of the city's hospitals.

"It is heartbreaking to resuscitate people only to have them die."

He told how phone calls from his ambulance team to four hospitals recently ended with an accident victim, collected at 9 pm, only being treated at 2:30 am.

Dr. Ken Boffard, surgeon-in-chief at Johannesburg Hospital's trauma unit, told how he had to turn away between five and 10 patients a week because of restricted space and no staff to treat them.

Five years ago, Dr. Boffard had 31 trauma beds; now he has 20. Then he had 24 intensive-care beds; today he has 10.

Cutbacks

And his staff will be cut by 20 percent from January. Two posts have been removed, leaving him just eight doctors to run one of the country's busiest emergency units.

The irony is that severe cutbacks in hospital budgets and staff quota have come when the need for an efficient emergency service is greatest.

In 1986, Johannesburg Hospital treated 120 major injuries. In 1991 the number of people needing life-support systems rose to 740.

This week the chief director, hospitalization, in the TPA, Dr. Pieter van den Berg, called for peace—not for political reasons but because the health services were strung out like piano wire about to snap, and the violence added pressure.

It costs R17,000 to treat a patient with an AK-47 wound to the stomach or chest. And post-operative patient care ties up a bed and manpower in a hospital for weeks, limiting the number of new admissions.

Mr. Pienaar said: "This year things have been particularly bad. If we collect 25 people badly hurt in a shooting in Alexandra, phone calls to the hospitals might end with Tembisa taking two shot in the lungs, Hillbrow one head wound, Johannesburg five injuries to legs and arms.

Focus

"You have to transport one patient at a time. The coordination is a nightmare."

Sandton's management committee chairman, Mr. Willem Hefer, told a council meeting this week that hundreds had died in ambulances because of a lack of hospitals in the area.

Sandton's ambulance service transports 40,000 people a year and covers Sandton, Marlboro and Gardens, Alexandra and the area north of Sandton to where Brits takes over.

But there is no public hospital in the area.

The public-relations officer at the private Sandton Clinic, Miss Sharon Slabbert, said the emergency rooms were open to patients all night.

"We are a private clinic and want patients who have the means to pay or who are on medical aid. But we would never turn people away."

Accelerator at Faure Described; Medical Applications

93WE0207A Cape Town DIE BURGER in Afrikaans 17 Dec 92 p 19

[Article by chief correspondent Harry Shaw: "Faure Accelera tor Center Achieves Success Like No Other"; first paragraph is DIE BURGER introduction]

[Text] The National Accelerator Center [NVS] at Faure is the only center in the country where certain important medical radioisotopes can be produced. Approximately 20 large hospitals nationwide and nearly 10,000 patients per year utilize it. Harry Shaw, chief correspondent, reports on a visit to this important research and development center.

The successes achieved in recent years by South Africa's National Accelerator Center at Faure have made the NVS world famous. The large cyclotron at the NVS is, except for those in Canada and Switzerland, the largest in the world.

This cyclotron is unique because it was developed and manufactured in South Africa. Successes are being achieved there like nowhere else in the world. It is no surprise that the international cyclotron community has decided that the next international cyclotron conference in 1995 should be held at Faure. The NVS at Faure easily beat four other centers—those in Groningen in the Netherlands, Osaka in Japan, St. Petersburg in Russia, and Uppsala in Sweden—when they voted on where the conference should be held. In all three voting rounds, the NVS obtained the highest number of votes.

This is an achievement the director of the NVS, Dr. Daan Reitmann (58 years old), is more than a little proud of. In Vancouver, Dr. Reitmann was chosen as president of the regulations committee of the world conference.

The NVS is a multidisciplinary research center, which was established in 1977 and falls under the Foundation for Research Development. It provides tools for basic and applied research with particle bundles, particle radiotherapy for several kinds of cancer, and accelerator produced radioactive isotopes for nuclear medicine and research.

The large cyclotron was designed from the very beginning to produce neutrons and protons suitable for cancer therapy. The neutron therapy facility has been in routine use since 1989 and since then, more than a hundred cancer patients have been treated there every year. So far, about 430 patients have received treatment there.

Major success has been achieved in the treatment of cancer of the salivary glands and of advanced breast cancer. The advantages of neutron treatment for other cancer tumors are under study. According to Dr. Reitmann, the neutron facility of the NVS with its strong infrastructure of medical and paramedical personnel, the Faure Hospital on its premises, the physicists, radiobiologists, engineers and other experts, is considered one of the very best worldwide. He stated that, because of those experts and some unique patient material, the NVS is ideally placed to make a positive contribution to the international pool of knowledge in this area.

Protons are universally considered the ideal means of radiotherapy, in cases where the precision of the dose and its placement are critically important, for example in the brain or in neighboring sensitive organs, such as the kidneys and the spinal cord.

However, suitable proton energies require large accelerators, of which there are few in the world. At the present time, about a dozen proton-therapy machines are being planned or built elsewhere in the world at a cost of approximately 200 million rands each.

According to Dr. Reitmann, the radiation capabilities of the NVS' cyclotron are exceedingly well-suited for the most sophisticated proton therapy. The only things still needed are the components for the administration, formation, and measuring of the proton therapy rays. The costs of this will be only a fraction of what a completely new facility would cost.

A new milestone will be achieved by the NVS early next year when protons will be used for the first time for radiation of abnormalities in the veins of the brain. That treatment will also include the first use of a sophisticated system to position the patient. The "chair" is manufactured locally and is another excellent example of the multidisciplinary teamwork at the NVS.

The accelerators currently being used by the NVS are (in order of when they were put to use) a 6 MV Van de Graaff accelerator, an 8 MeV pre-accelerator, which provides light ions for the 200 MeV open-sector cyclotron (OSS), the OSS itself, and a second pre-accelerator, which was designed to provide the OSS with heavy ions and polarized light ions. The Van de Graaff accelerator is used for basic research in solid state physics, nuclear chemistry, and thin film surface physics.

The OSS is a convertible energy machine, capable of accelerating protons to a maximum energy of 200 MeV. This means that the protons are being accelerated by electrical tensions, which jointly amount to 200 million volts.

Unique in the World

Protons with this kind of energy can cover a distance equal to going once around the earth within one-fifth of a second. One of the reasons why this maximum energy is useful, is that these 200 MeV protons are extremely well suited for use in cancer therapy because they are just able to penetrate the human body.

The OSS was fully developed and built by personnel from the NVS and is unique in the world. It is 13.2 meters in diameter and 7 meters high. The four sector magnets together weigh 1,400 tons. The final machine finishing of the magnetic pole pieces as well as several other components has been undertaken by South African companies.

The cyclotron is being housed in a unit with 4-meter-thick concrete walls to provide protection against the neutrons.

The whole facility contains more than 30,000 cubic meters of concrete in the form of floor surfaces, screening wall blocks, and removable screening roof beams.

Radiotherapy facilities are being provided by the medical component of the NVS, together with the Faure Hospital with its 30 beds for cancer patients. Patients from other centers must be referred to either the Groote Schuur or the Tygerberg Hospital for particle radiotherapy at the NVS and can then be admitted to Faure Hospital or be treated as outpatients.

Since 1965, radioisotopes have been manufactured in South Africa with the old WNNR cyclotron in Pretoria. With the higher energy of the OSS and improved facilities it is now possible to make a larger variety of accelerator isotopes available. Due to their special decay characteristics and because they are chemically very clean, these isotopes are used as tracers for medical diagnostic goals.

The accelerator facilities at the NVS are at the disposal of all bona fide researchers, either local or foreign, as well as the NVS' own research groups.

Two foreign groups of nuclear physicists, from Germany and Italy, recently made a request to use the NVS' facilities.

Most nuclear physics research these days uses higher energy sources than the "old" Van de Graaff accelerator.

But that accelerator is still playing a significant role in various applications.

Even though there are a large number of particle acccelerators in the world, some of which are capable of achieving energy levels substantially higher than 200 MeV, the NVS' cyclotron facility is one of the few in its area of energy to be able to accelerate both heavy ion bundles for research and intense bundles of light ions for therapy and isotope production.

It is also one of the first to have been designed from the beginning as a multidisciplinary facility.

Rise of Counterfeit Drug Industry Feared

93WE0211A Durban THE DAILY NEWS in English 17 Dec 92 p 31

[Article by Asha Singh, medical reporter: "The Pill Pirate Epidemic"]

[Text]

Big Fear That Counterfeit Drugs Could Infiltrate South Africa

The scourge of the pharmaceutical industry—counterfeit medicines—has become big business in Africa, according to the Pharmaceutical Manufacturers' Association. While South Africa has so far escaped relatively unscathed, the situation in other parts of the continent is reaching epidemic proportions.

The biggest fear of the Pharmaceutical Manufacturers' Association is the issue of parallel imports, which occurs when a third party obtains goods and sells them in competition with the original distributor.

This could see large quantities of counterfeit drugs and medicines enter the country, according to Mr. John Toerien, the executive director.

If the Government allowed such imports on medicines or their ingredients, it would allow counterfeit medicines to slip in under the guise of parallel imports, he said.

In these circumstances, one would never know whether the drug was the real thing or whether it contained a foreign ingredient.

The profitability of the medicines industry would also be affected.

Less money would go to the State and there could be a drop in the quality of medicines.

Ingredients were imported into South Africa in bulk and then made up into medicines.

These could also be adversely affected by climatic conditions and, if an ingredient reacted badly to local conditions, there would be a subsequent drop in the standard of the medicine.

The finished products were then cause for concern.

Pill piracy included, in particular, copying medicines such as insulin and anti-virals.

Amoxil, an antibiotic, was easily copied, as was paracetamol.

Recently, more than 100 Nigerian children died after ingesting illegal paracetamol containing industrial solvent as an ingredient.

There were strict measures regarding which schedules of medicines could be sold here, and only bulk ingredients

were allowed into South Africa under strict regulation by the Medicines Control Council.

So far, these measures had been effective against pill piracy and counterfeits entering the country, said Mr. Toerien.

Although parallel imports were not allowed by the South African Government, the PMA was concerned that because of the regular influx of counterfeits into the continent of Africa they could infiltrate into South Africa.

The annual general report of the PMA pointed out that the principle of parallel imports was a complicated subject which internationally had shown no major benefits to patients in a particular country but possible high profits to the importing agent was a definite possibility.

International indications were that, with parallel imports, the floodgates had opened with counterfeit medicines and the PMA believed that this was neither in the interests of the patient nor industry in South Africa.

South Africans needed to be continuously on guard against counterfeit medicines, which were extremely difficult to identify especially if they looked like the original item.

Pharmacists and the public needed to be extremely vigilant.

People could be on the lookout for counterfeits by watching the packaging and the spelling of words on the packages.

Information leaflets were also very important, as they could contain foreign words or misspelt words.

"We urge that the Government take cognisance of what is happening in other parts of the world when contemplating legislation concerning the pharmaceutical industry.

"We shudder to think what could happen in South Africa and other parts of the sub-continent if counterfeit medicines gain a foothold in an area which has been relatively free of abuse when compared to countries like Brazil, Argentina, South-East Asia, India and Colombia."

Mr. Toerien said medicine counterfeiters were active in countries such as Nigeria, Ghana, Benin and Cameroun.

"The PMA and its associates in the International Federation of Pharmaceutical Manufacturers' Associations are co-operating with the World Health Organisation to stamp out this practice."

According to international research, most of the counterfeit trade emanated from developing countries which did not recognise the patents owned by multinational manufacturing companies.

"All it takes is a person with access to a small laboratory, a total disregard for human beings, and a touch of larceny to create counterfeit medicines," say medical experts.

Baragwanath Doctors Plan to Resign; Leave

93WE0138C Johannesburg SUNDAY TIMES in English 22 Nov 92 p 5

[Article by James Brittain]

[Text] BARAGWANATH hospital doctors are travelling the road to work in fear of their lives.

Their journey has become so traumatic some have resigned and others plan to leave.

At least two doctors have stepped down following the murder of Dr. Stephen Walter on Marthinus Smuts Road at the end of September.

A doctor at Baragwanath, who did not wish to be named, said at least 12 doctors were planning to leave the hospital either at the end of this year or early next year. He said: "There are many of us who wish to terminate our contracts because of the dreadful security situation."

A letter drawn up last week and signed by 251 doctors expressed concern for their safety and said morale was at an "all-time low."

Baragwanath spokesman Annette Clear said the hospital management supported the letter in its broad principles.

The letter was sent to a range of political figures, including President FW de Klerk and ANC president Nelson Mandela.

ZIMBABWE

Minister Seeks $1 Billion for 'Ailing' Health Sector

MB2511102092 Harare THE FINANCIAL GAZETTE in English 19 Nov 92 p 3

[Report by Kurauona Gozhi: "Ailing Health Sector Needs $1b to Survive—Stamps"]

[Text] Zimbabwe may soon experience an upsurge in deaths unless more than $1 billion is made available to shore up the country's ailing health sector, a cabinet minister has said.

The Minister of Health and Child Welfare, Dr. Timothy Stamps, said last week that his ministry, which was short of cash, was scouting for external support to combat the spread of killer diseases such as malaria, AIDS, tuberculosis [TB] and diarrhoea.

During the 1992/93 fiscal year, the ministry was allocated $660 million which Dr. Stamps said was inadequate to meet the requirements of the country's health services.

The minister said about $1.2 billion was required to be channeled into the country's health services over the next 3 years to avert an upsurge in deaths caused by the killer diseases.

Although he did not indicate the number of people at risk, recent reports have shown that the number of Zimbabweans who have died as a result of malaria and AIDS is on the increase. There is also a sharp rise in the number of people suffering from TB.

Dr. Stamps said $4 million was required this financial year alone to combat the spread of malaria and $128 million for child supplementary feeding.

The minister blamed some of his colleagues in government for leading the country into economic chaos saying this was creating problems to other ministries. He did not single out a particular ministry or minister.

"We have greedy commercial traders in this country who cause money shortages by importing biscuits and chocolates from South Africa and Britain, yet the products can be sourced from the local market," he said.

He said the government was responsible for approving the importation of such unnecessary goods and charged that it was time it (government) came to grips with reality.

Last year, the minister said, his ministry received 6,800 cases of malaria and 0.09 percent of the infected died.

"Malaria kills mostly the under-fives because they lack strong immunity, are not easily diagnosed and are very vulnerable to the disease. Cases of cerebral malaria are on the rise and carry a high risk of death and no doctor can tell whether a certain type of malaria is cerebral or not," he said.

The areas that were prone to malaria are the Zambezi Valley and the eastern districts where there is a large movement of refugees from Mozambique.

Although some donor countries were willing to make available funds to combat the killer disease, the minister said they wanted the Zimbabwean government to show its commitment to improving its health sector.

Breakthrough in Gene Transfer Treatment of Hemophilia

OW0902143293 Beijing XINHUA in English 1417 GMT 9 Feb 93

[Text] Shanghai, February 9 (XINHUA)—Geneticists in Shanghai have succeeded in treating two patients with hemophilia B with a gene transfer technique in the only successful cases in this field in the world to date.

Under conventional therapy, patients with hemophilia B, or factor IX deficiency, depend on frequent blood transfusions to replenish the deficient coagulation factor. Patients risk infections of hepatitis and AIDS in addition to having to cope with the short-term effects and high cost of treatment.

Professor Xue Jinglun of the Genetics Institute of Fudan University began to study treatment of hemophilia with the gene transfer technique in 1987. He cultivated in vitro fibroblasts of patients and transferred normal genes that secrete coagulation factors into the carriers. Then, the carriers were transplanted into the cultivated cells. After massive reproduction, the cells were injected into patients. The cells with carriers split and duplicated normal genes, according to the professor.

In cooperation with the Changhai [name as received] Hospital, which is affiliated with the Second Military Medical University, Professor Xue started clinical studies on the technique one year ago. He and doctors in the Changhai Hospital injected the cells with carriers into two brothers who had depended on blood transfusions to survive. After four subcutaneous injections, the two patients showed remarkable improvement in hemarthrosis and myophagism and the concentration of coagulation factors increased sharply. At present, the two patients require no blood transfusions.

Experts say they consider these cases to be the most successful worldwide in the treatment of hemophilia to date.

Artemisinin Production To Be Expanded

93P60169A Beijing KEJI RIBAO [SCIENCE AND TECHNOLOGY DAILY] in Chinese 3 Feb 93 p 1

[Article by Han Yuqi [7281 3768 3825]]

[Summary] China is planning to expand its Qinghaosu (artemisinin) production from the current 1.5 tons to 5-6 tons per year in order to market it internationally. A pilot plant designed for automated large-scale production will be established in northern China. The plant will be a joint venture of Kehua Technology and Trade Company, the Institute of Microbiology and Epidemiology of the Academy of Military Medical Sciences, and Zhuozhou City, Hebei Province. Qinghaosu is a highly effective drug for treating chloroquine-resistant malaria.

CAMBODIA

Kampong Cham Medical Capabilities Described

93WE0185B Phnom Penh PRACHEACHON in Cambodian 27 Nov 92 p 2

[Text] At the present time, thanks to moral and material support various humanitarian organizations such as the French Physicians Without Frontiers [which] has been carrying out health work continuously up to the present, Kompong Cham Province has four hospitals—the Provincial Hospital, the Children's Hospital, the hospital at Suong in the Tbong Khmum District, and the hospital at Troeung.

As for district health centers, all 16 districts have one and there are subdistrict clinics in 168 locations with a total of 1,651 beds and 1,124 personnel including 187 provincial staff personnel divided into two sections. Provincial level technicians include 29 doctors, 11 pharmacists, one dentist, one intern, five pharmacist interns, 13 medical service interns, three infant care specialists, 72 student nurses, 48 student midwives, four student lab technicians, 118 first year nurses, one first year lab technician, 13 first year midwives and 98 government personnel. In the matter of people's health care organizations, the cadre and personnel of Kompong Cham Province have been doing their duty carefully with a love of country and their fellow man zealously expending their physical and mental stamina and using technology to examine and cure the sick.

In the first 8 months of 1992, our brothers and sisters have held conferences with 8,463 people, admitted 5,253 patients to the hospital, and cured and sent home 4,893 patients. The production of serums has received very special attention from these cadre and personnel; in the same period of time they produced: 5 percent glucose—more than 393 liters; 9 percent saline solution—more than 1,695 liters; 20 percent glucose—502 liters; 30 percent saline solution—more than 149 liters, ACD Solution more than 1,854 liters, and distilled water for washing wounds 1,022 liters. In surgery, they have operated on 2,165 patients—135 major operations, 227 fairly serious procedures, and 1,703 minor procedures.

In addition to providing health care to the people, the provincial health office has had the foresight to open local seminars such as a Level 1 and Level 2 Seminar for mid-level nurses at the Kompong Cham Regional Health Middle School which has a total of 156 students and to send 16 students out for further mid-level studies including three studying to be doctors, one medical service intern, eight student nurses, and four student midwives.

JAPAN

Research Team Proves Marine Pollutant May Harm Fetuses

OW1204121693 Tokyo KYODO in English 1156 GMT 12 Apr 93

[Text] Tokyo, April 12 KYODO—A university research team said Monday [12 April] it has proved for the first time that an organic compound used in the fishing industry can endanger a fetus.

Triphenyl tin (TPT), used to keep fishing nets clean and in paint on boat hulls, is already known as a source of marine pollution but this is the first time scientists have shown the danger can extend to unborn mammals.

The team said its experiments showed the compound passed through the placentas of pregnant rats to accumulate in high concentrations in the fetuses like methyl mercury, the compound blamed for the Minamata Disease.

The team led by Prof. Shogo Shima of Fujita Health University in Toyoake, near Nagoya, made the finding after a series of experiments on laboratory rats.

The team fed rats one and two milligram doses of TPT over 10 days. Two days after the final dose, they measured concentrations of the compound in each fetus as well as in the mothers' placentas and blood.

Concentrations of between 0.01 and 0.02 parts per million (PPM) in the placentas and fetuses of rats not fed the compound compared with 0.05 PPM in rats given a one milligram dose and 0.11 PPM in those fed the two milligram doses.

The placenta normally serves to stop harmful substances entering the fetus but the team found TPT is able to pass through this barrier.

The Minamata Disease, the symptoms of which include numbness of the extremities, loss of hearing and mental disorders, was contracted from contaminated fish and affected thousands of residents in Minamata, Kumamoto Prefecture, southern Japan, between 1953 and the early 1970s.

Researchers at Kumamoto University traced the source of the disease to high concentrations of methyl mercury in fish after the substance had been fed into the ocean from a nearby chemical plant.

Doctors also found congenital Minamata Disease in newborn infants, indicating the methyl mercury passed through their mothers' placentas.

TPT and tributyrin, which gives resins their flexibility, have been widely used in agricultural chemicals and on boat hulls.

But since they are known to accumulate in high concentrations in seafood and can threaten humans via the food chain, their use is now subject to self-regulation.

The substances are toxic enough to irritate the skin, cause a decrease in white blood cells, reduce the body's immune system and harm reproductive ability.

The research team said although the TPT administered to the rats exceeded levels found in the environment or considered safe for humans, it was able to prove that it is partially transferred to the fetus.

It said the finding indicates a need to focus on the toxicity of TPT and its concentration and capacity to remain in the environment.

SOUTH KOREA

Biomedical Firm Develops 'Cheaper, Superior' Growth Hormone

SK0702012593 Seoul THE KOREA TIMES in English 7 Feb 93 p 3

[By staff reporter Sin Hak-nim]

[Text] Human growth hormone has been produced in yeast through a DNA (deoxyribonucleic acid) recombinant method by a Korean biotechnology center, researchers announced yesterday.

The human growth hormone (HGH) product, branded as "Eutropin," developed by the Lucky Biotech Research Center affiliated with Lucky Ltd., will be on the market soon.

"Clinical tests of Eutropin showed that it is cheaper and superior to other similar products developed by foreign countries," a senior researcher of the center claimed.

Three-phase clinical tests have been conducted on 100 patients suffering from dwarfism aged from 7 to 13 at four hospitals since 1989. After being treated with the growth hormone, those children grew 8 centimeters in height on average per year, compared with 3 centimeters before the treatment.

Few side-effects of the new HGH product were observed in the clinical tests, they said.

Four foreign products of the same sort are on sale here. Thousands of people are estimated to be suffering from a deficiency of growth hormone in Korea but only about 200 of them are treated with the foreign-made products because of their high price.

Imported human growth hormone products sell at some 96,000 won per vial on the average, but the price of Eutropin is about half the prices of foreign-made ones, Lucky officials said.

The treatment of one patient with the foreign-made medicine costs about 270,000 to 320,000 won per week.

This year, the importation of foreign products is expected to reach 2 million U.S. dollars. About 600 million U.S. dollar worth of growth hormone products were sold throughout the world last year.

Growth hormone products have been widely used in the treatment of children with growth hormone deficiency since a leading U.S. biotechnology company, Genetech Inc., succeeded in the synthesis of it for the first time in the world.

"Genentech Inc. and other biotech companies produce the growth hormone by the use of Escherichia coli (bacteria inhabiting the intestine). But Eutropin is synthesized in the yeast for the first time in the world," said a senior of the Lucky research team.

He went on, "Therefore, Eutropin proved more effective and purer than foreign-made products." The Lucky-made product is expected to replace the imported ones.

Recent studies show that the human growth hormone may also be used in the treatment of sterile women and in reversing some effects of aging.

LAOS

Premier Issues Decree on National Medical Policy

BK2603104593 Vientiane Vitthayou Hengsat Radio Network in Lao 0000 GMT 26 Mar 93

["Decree" issued by Prime Minister Khamtai Siphandon approving the National Medical Policy of the Lao People's Democratic Republic; dated 13 March]

[Text] Based on the party and government line and policy on public health strategy in the new era to encourage public awareness in the development of necessary domestic medicines and the correct use of such medicines; based on Resolution No. 31/CM dated 2 May 1989 of the Council of Ministers on the management and control of export, import, production, and distribution of medicines for curing diseases and distribution of medicinal materials; and based on the Ministry of Public Health's proposal No. 1228/MPH dated 1 December 1992, the prime minister hereby issues a decree as follows:

Article 1: The National Medical Policy of the LPDR, which was adopted and passed by the Fourth National Medical Conference on 18 November 1992, is hereby approved.

Article 2: A National Medical Policy Committee is hereby established comprising members from the ministries and organizations concerned as follows:

1. two members from the Ministry of Public Health, one as committee chairman and one as secretary;

2. one member from the Planning and Cooperation Board;

3. one member from the Ministry of Justice;

4. one member from the Ministry of Labor and Social Welfare;

5. one member from the Ministry of Trade;

6. one member from the Ministry of Interior;

7. one member from the Ministry of Industry and Handicrafts;

8. one member from the Ministry of Information and Culture;

9. one member from the Ministry of Finance;

10. one member from the Central Committee of the Federation of Lao Women's Unions.

Article 3: The role, responsibilities, rights, and duties of the National Medical Policy Committee are as follows:

Role:

1) Study, improve, and enforce the national policy on medicine for each period in conformity with the practical conditions in the country and the world;

2) Supervise, control, and follow up the implementation of the said policy.

Rights and duties:

1) Appoint or dissolve subcommittees in charge of various works of the National Medicine Policy Committee when deemed appropiate;

2) Consider the setting up of various associations of medical professionals;

3) Call a meeting of various subcommittees and associations that have been set up.

Article 4: The abbreviation for the National Medical Policy Committee of the LPDR is NMPC. Its coordination office is situated in the Medical Department of the Ministry of Public Health.

Article 5: This decree is effective as of the date of signing.

Herbal Medicine Station Opened With PRC Investment

BK1104091693 Vientiane Vitthayou Hengsat Radio Network in Lao 1200 GMT 7 Apr 93

[Text] On the evening of 3 April in Vientiane Capital's Phon Sa-at community, a ceremony was held to officially open the Lao-Chinese herbal medicinal health station, with an opening address made by Mrs. (Si Yang-chun), director of the station.

Attending the ceremony as honored guests were Huang Guocai, PRC ambassador extraordinary and plenipotentiary to Laos; Major General [Maj. Gen.] Chanko Phimmason, deputy chief of the Army General Poltical Department; the director of Army Pharmaceutical Factory No. 104; high-ranking technical cadres; some staff members of the PRC embassy; and representatives of the Overseas Chinese Association in Vientiane Municipality.

The Lao-Chinese herbal medicinal health station has been established with joint investment between Army Pharmaceutical Factory No. 104 and the PRC's Guangxi Province with the objective of giving treatment to patients with Lao and Chinese herbal medicine and traditional Chinese medical techniques. The joint investment will serve to further strenghten the solidarity and friendship between the Lao and Chinese peoples.

With a total investment of more than U.S.$100,000 in setting up the health station, the Chinese side holds 60 percent of the investment while the rest belongs to the Lao side.

At the ceremony, Mrs. (Si Yang-chun) and Maj. Gen. Chanko Phimmason cut the ribbons together to officially open the health station.

Microbiological Laboratory Given to Mahosot Hospital

BK2412115292 Vientiane KPL in English 0909 GMT 24 Dec 92

[Text] Vientiane, December 24 (KPL)—A hand-over ceremony of the first micro-biological laboratory built for the principal hospital Mahosot by the French Committee for Cooperation with Laos (CCL), took place here on December 18, according to its director Dr. Sommon Phounsavat.

Representing the donor CCL was Professor Jean Claude Pechere from the Genetic and Micro-Biology Department of the University of Geneva and Dr. Sommon Phounsavat, director of Mahosot expressed thanks to the donor. The cereomny was withnessed by Prof. Vannalet Latsapho, acting minister of public health, and Mr. Xavier Rose, French ambassador to Laos, and some senior officials of the Ministry of Public Health and of the hospital.

Prof. J. C. Pechere had organised a seminar on microbacteriology on December 10-18 for over 30 participants from Mahosot Hospital, the Military Hospital 103, the Institute of Malaria, the Institute of Epidemiology, University of Medicine, and Vientiane Province.

The closing ceremony of the seminar was attended by Prof. Vannalet Latsapho, acting minister of public health, and Mr. Xavier Rose, French ambassador to Laos, and some officials from the relevant departments and services.

VIETNAM

'Considerable' Advances Noted in Public Health Services

BK0902080593 Hanoi VNA in English 0629 GMT 9 Feb 93

[Text] Hanoi VNA Feb. 9—1992 marked a considerable stride in community health care in Vietnam through the implementation of 13 country and inter-branch programmes, most important of which are the programmes for the control of social diseases such as malaria, goiter, cholera and dengue fever. The mortality rate of malignant malaria dropped by 40.6 percent compared [sentence incomplete as received] One-year-old children were vaccinated under the Expanded Immunization Programme (EID). The success of the programmes for the Control of Diarrhea Disease (CDD) and Acute Respiratory Infections (ARI) among children was highly appreciated by the United Nations Children's Fund (UNICEF) in its new year meassage.

In particular, also last year 413 scientific and technical research projects, 114 of which received cooperation from foreign countries, were successfully applied to medical examination, diagnosis, and treatment. Also in 1992, the public health service deployed a new form of health activity, the mobile medical teams. Though newly created, these teams have achieved inspiring results in the anti-malaria programme conducted in the four central highland provinces and Nghe An and Ha Tinh Provinces in central Vietnam, as shown in a dramatic drop of the malaria sufferer. Besides, the medical service has initiatied a new organisation of community health care through the creation of inter-village and inter-hamlet medical network, especially in remote or mountain areas. This has met the need of on-spot handling treatment of emergency cases and preventing the spread of communicable diseases right after their detection. However, so far such medical groups have been set up only in 12 districts in south Vietnam.

The implementation of the family planning programme in 1992 gained new results in the application of contraceptive measures including non-surgery sterilisation for both men and women.

In terms of medical practice, the most notable successes included four kidney transplants, 817 heart operations, and the successful treatment of 3,972 cases of liver and kidney trouble by means of laser, ultrasound, and X-ray and the prevention and treatment of cerebral hemorrhages by multilayer scanning. Also in 1992, the state began implementing the medical insurance policy, first among public employees. The policy will be step by step made complete in 1993 for general application to the whole society in the years to come.

Vice Premier Speaks at Conference on Immunization Program

BK1503080793 Hanoi VNA in English 0629 GMT 15 Mar 93

[Text] Hanoi VNA March 15—A conference was held here on March 13 to review the implementation of the Expanded Immunisation Programme (EIP) in the 1989-1992 period and define the targets of this programme for 1993.

Attending the conference were Vice Prime Minister Nguyen Khanh, Minister of Public Health Nguyen Trong Nha, and representatives of UNICEF, WHO and other international organizations.

From 1989 to 1992, more than 80 percent of under-one-year-olds throughout the country were vaccinated against six major child killers (TB, polio, measles, whooping cough, diptheria, and tetanus). In 1992 alone, 88 percent of under-one-year-olds were vaccinated. Hanoi and Binh Dinh Province took the lead each with 99 percent of children ready vaccinated. Due to the lack of vaccines children in only eight provinces were given vaccines against polio.

The 1993 programme calls for vaccinations for 85 percent of under-one-year-olds. In particular, 95 percent of under-five-year-olds are expected to receive vaccines against polio, and two million pregnant women will be vaccinated against tetanus for their babies.

Speaking at the conference, Vice Prime Minister Nguyen Khanh thanked UNICEF, WHO, and other international organisations for their assistance to Vietnam's EIP programme. He called on them to continue to help Vietnam eradicate the danger of polio and tetanus among new-borns.

3.7 Million Children Protected From Respiratory Infection

BK2904064493 Hanoi VNA in English 0548 GMT 29 Apr 93

[Text] Hanoi VNA April 29—Up to December 1992, 3.7 million Vietnamese children had received treatment under the programme for control of acute respiratory infection (ARI) 660,000 more than in 1991. The area covered by the programme expanded by 745 communes over 1991.

This year, the health service plans to have 50 percent of under-five-year-olds protected by the programme, up by 10 percent compared with 1992.

ALBANIA

Shehu Praises Results of G-24 Conference on Health Service

AU2404170593 Tirana ATA in English 1021 GMT 24 Apr 93

[ATA report: "It Will Take at Least 10 Years for the Albanian Health Service To Europeanize"—Press Conference About the G-24 Meeting on the Health Sector]

[Text] Tirana, April 24 (ATA)—Jerina Zaloshnja writes: "The G-24 meeting on Albanian health sector which wound up today," the Albanian Minister of Health Tritan Shehu said in his press conference, "is very important. It declared the short and long term strategy, an understanding was reached in it among various donators, epochs and priorities were defined, actions were coordinated for the reform in the Albanian health sector. We may say that now Albanian health sector is coming out of the stage of emergency aid," the minister said. "Although there are great shortages, in drugs particularly, we may admit that now health sector in Albania will start to apply medium and long term programs. The idea is to find an equilibrium among various sectors of health. There is a great need of interlacing technical assistance with the material one. Participants in the meeting also stressed the need of commitment of the intellectual potential to the realisation of the program of development of foreign donators. The powerful existing potential," Mr. Shehu continued, "should be further stimulated."

Related to the question that which will the concrete aid consist of, the minister said that the European Community for 1993 will grant a total of 12 million ecu on medical service, in its 3-year program the World Bank will give 10 million dollars, the Italian Government will grant 12 billion lira. Aid will also come from other organizations, the minister said, adding that it does not mean that Albanian health sector will be Europeanized. Such a process needs at least a period of 10 years.

The minister replied to other questions of the reporters.

Saudi Delegation Holds Seminar on Medical Service

AU0512164692 Tirana ATA in English 1108 GMT 5 Dec 92

[Text] Tirana, December 5 (ATA)—Recently a delegation from Saudi Arabia, made up of representatives of International Islamic Organization of Aid, officials of the Ministry of Health, physicians, and businessmen visited Albania.

Leader of the delegation was Dr. Zoher Sebai, professor of family medicine and communities in the Faculty of Medicine of Al-Khabar University.

The friends held a seminar in Tirana on primary medical service, on which they exchanged views and experience. The topics submitted there made evident the roads to improve the service in outpatient clinics in Albania.

They visited the Faculty of Medicine, the Institute of Hygiene, and health centers in some villages of Tirana District. They expressed the desire to turn a rural health center into a model of primary medical assistance.

Italian Military Delegation Briefed on Medical Work

AU2802155893 Tirana ATA in English 0920 GMT 28 Feb 93

[Text] Tirana, February 28 (ATA)—An Italian military delegation, led by General Di Martino [as received], director of the health department at the Ministry of Defence, visited Albania recently.

The delegation visited the central military hospital. There it was briefed on the work of the medical staff and the problems facing it. Mr. Fatmir Mema [as received], deputy minister of defence, gave a reception in honour of the delegation. Both parties exchanged opinions of the possibility of treating the sick military in Italy, the qualification of the medical staff and the aid in the field of health service.

The Italian delegation left Albania.

BULGARIA

UNICEF Surveys Abortion Rate, Maternal Mortality

AU0812132592 Sofia BTA in English 0958 GMT 8 Dec 92

[Text] Sofia, December 8 (BTA)—Abortions in Bulgaria significantly exceed births, according to a survey of the Bulgarian family and children commissioned by the Bulgarian National Committee of the United Nations International Children's Emergency Fund (UNICEF). 67 in 1,000 women have abortions (against 49 births). Maternal mortality is among the highest in Europe and is two to eight times higher than in other European countries.

Bulgaria is to report the survey to the UN Children's Rights Committee.

According to the survey, the number of children undergoing compulsory vaccinations dropped from 97.9 percent in 1988 to 95.3 percent in 1990. Of 600 children surveyed in Dimitrovgrad, southern Bulgaria, 76.2 percent suffer from acute or chronic diseases.

About 13,000 children are born out of wedlock every year. Three in 100 single women have children. Half of single mothers are 20 or younger.

The health and social problems of ethnic minorities are increasing. Infant mortality is much higher for minority groups.

According to 1991 data, every fifth child stops breastfeeding after the first month, says Mariyana Marinova, who co-authors the study. Baby milks are insufficient and too expensive and mothers replace them with other foods, often unsuitable for children.

Older children face problems, too. Due to families' financial difficulties and shortages on the market, children get the calories they need mostly from carbohydrates. The number of overweight children has gone up 3 to 3.5-fold. Hypotrophy cases have risen sevenfold. In 1982, a survey put the number of underfed children below 2 percent. The major cause of underweight then were chronic diseases. Now underweight in some age groups runs at over 10 percent.

Citizens Protest Cabinet's Suspension of Free Medicines

AU2403202193 Sofia BTA in English 1856 GMT 24 Mar 93

[Text] Sofia, March 24 (BTA)—The decision of the cabinet to suspend the entitlement of children under 6 years of age and of pregnant women to free medication stirred up strong protests.

A large group of Sofianites gathered for a protest procession to the building of the Council of Ministers today. It was organized by the Large Families Union. The union's representatives handed a declaration to the government insisting to revoke the decision.

Last week the Bulgarian Government repealed the free medication ordinance operating until then. The government's spokesman explained that this was not an inhuman or antisocial act because a new ordinance would enter into force entitling persons suffering from chronic diseases and children of socially disadvantaged families (with per capita income under 600 leva or about 25 dollars) to free medicines.

However, at today's special press conference, representatives of the initiative committee of mothers, who had launched a sign-in campaign in the busiest places in Sofia against the suspension of free medication entitlement, countered the cabinet's motives pointing out that it costs over 600 leva a month to provide food for a child under 3 years of age and over 800 leva for a child between 3 and 6. The committee's spokeswoman, Boryana Georgieva, reported that mothers' week-long protest was supported by 17,000 Sofianites. She cited the results of a poll conducted by the private MBMD Institute of Marketing and Public Opinion Research which show that 91 percent of Bulgarians support the mothers' protest. According to her, the Parliamentary Health Care Committee is also against the government's decision.

Today the leadership of one of the country's two major trade union amalgamations, the Podkrepa Labour Confederation, issued a declaration calling upon the government to revise its decision.

POLAND

Report Reveals Health of Poles 'Deteriorating Alarmingly'

AU0802133393 Warsaw ZYCIE WARSZAWY in Polish 5 Feb 93 p 1

[Luiza Kowalska report: "Statisticians Raise Alarm"]

[Text] Fewer children were born in Poland in 1992 than in any other year since the war, says a report by the Government Census Bureau published yesterday [4 February]. At the same time, mortality is still high—almost 400,000 people died in 1992. About 13 million Poles live in areas of environmental danger.

The health of the Polish population is deteriorating alarmingly, says the report, which bears the title "Demographic Situation of Poland." The reasons are bad living conditions, eating habits, poor personal hygiene, smoking, alcohol consumption, and drug abuse. It is reckoned that about 13 million Poles live in areas of environmental danger. Several million Poles are actually considered to be living in areas with "high concentrations of toxic substances."

The diseases from which Poles are in greatest danger are those of the circulation and of the digestive, respiratory, and nervous systems, plus tumors and poisoning. Cases of infectious hepatitis are not diminishing, and cases of tuberculosis are twice the European average.

Almost half the deaths in Poland in 1992 were caused by diseases of the circulation, especially massive strokes, which affected men more than women. Also, more men died of tumors than women. Such deaths occurred especially in southern, western, and northern regions, and in the large conurbations. On the other hand, more women than men died of poisoning and accidents, especially road accidents.

Poland, continues the report, is one of the few countries in Europe in which life expectancy is falling. Statistically a male Pole today lives to the age of 66, and a female Pole 75.

Because of the fall in the number of births, the high number of deaths, and the increase in emigration, the population growth rate has slackened, which could result in a fall in the population. Real population growth is already at its lowest level since the war.

Government Body Discusses Rural Health Care Program

AU2904102893 Warsaw PAP in English 1905 GMT 28 Apr 93

[Text] Warsaw, April 28—The cabinet's Social Committee resolved during its meeting today that measures to improve health care in the countryside, proposed by the Health Ministry, should focus on the improvement of the organization of the health service in the years

1993-1994, while a long-range programme relating to the issue is to be worked out by an inter-ministerial team.

The Health Ministry's programme, linked with the implementation of the government's priority programme "Chances for the Countryside and Agriculture", envisages the introduction of various forms of health service ownership and provides for local governments to take over the organization of health care for their residents.

Under the programme, the scope of the health services is to improve the conditions for carrying out diagnostic and laboratory tests.

The programme also envisages the promotion of a healthy life style and preventive actions among countryside residents.

According to Health Ministry data, the number of health centres in the country is sufficient, but more physicians as well as diagnostic and therapeutic equipment are needed.

REGIONAL AFFAIRS

Southern Cone Health Report

PY2801193293

[Editorial Report] The following is a compilation of reports on epidemics and diseases monitored by Paraguay Bureau from 22 to 28 January. Source, date, and time are given in parentheses after each item.

ARGENTINA

Cholera Cases in Salta, Jujuy—The health secretariats reported that 19 new cholera cases were reported in Salta and Jujuy Provinces on 23 January. A total of 685 cases have been registered so far in Salta Province, with 20 deaths. A total of 308 cases have been reported in Jujuy Province, with four deaths. (Buenos Aires NOTICIAS ARGENTINAS in Spanish 1908 GMT 23 Jan 93)

First Cholera Case in Santa Fe—A Bolivian emigrant living outside the city of Santa Fe has been infected with cholera. This is the first confirmed case in Santa Fe Province. (Buenos Aires TELAM in Spanish 2325 GMT 24 Jan 93)

First Cholera Case in Mendoza—The Health and Social Action Ministry on 26 January confirmed that a 20-month-old was infected with cholera. This is first case in Mendoza Province. (Buenos Aires TELAM in Spanish 2207 GMT 26 Jan 93)

Cholera Cases Decline—The cholera outbreak declined nationwide on 28 January with only five new cases, registered in Salta Province. Formosa, Mendoza, and Cordoba did not record any cases that day. (Buenos Aires NOTICIAS ARGENTINAS in Spanish 1401 GMT 28 Jan 93)

BOLIVIA

Cholera Strikes Cochabamba—A total of 446 cholera cases were reported in the first four weeks of 1993, including 28 individuals who died. (La Paz Radio Fides Network in Spanish 1100 GMT 27 Jan 93)

Cholera Outbreak in Potosi—The city of Potosi was placed on full alert due to a new cholera outbreak. Nine cases were reported in the last few days. So far this year, 81 cholera cases have been reported, seven fatal. (La Paz Television Nacional Network in Spanish 1700 GMT 27 Jan 93)

BRAZIL

Cholera Increases in Northeast—The National Cholera Commission confirmed 814 new cases of cholera, most in the northeast, so far this month. Ten individuals died from the disease. (Rio de Janeiro Rede Globo Television in Portuguese 1500 GMT 27 Jan 93)

Cholera Cases in Minas Gerais—A total of 12 people infected with cholera have been admitted to the Municipal Hospital of Pedra Azul, in the northeastern part of Minas Gerais State, where two people died last week. (Rio de Janeiro JORNAL DO BRASIL in Portuguese 25 Jan 93 p 6)

CHILE

New Meningitis Case Registered—Health Service chief Maria Cristina Rojas reported that a new case of meningitis was registered in Antofagasta, in the Second Region. The total number of cases for the year now stands at four. (Santiago Radio Cooperativa Network in Spanish 2200 GMT 21 Jan 93)

CUBA

International Health Agreements Signed

FL1202183093 Havana Radio Reloj Network in Spanish 1507 GMT 12 Feb 93

[Text] The national production of essential medicines and the validation processes of vaccinations for human and animal use make up the new fronts of cooperation between Cuba and the World and Panamerican Health Organizations. The initial budget for this exchange exceeds $1 million. The majority of the funds will come from regional and extra budgetary funding though an additional $1.5 million could be negotiated later on.

Medical Technology Fair Closes With Agreements, Gifts

FL2904022893 Havana Tele Rebelde and Cuba Vision Networks in Spanish 0000 GMT 29 Apr 93

[Excerpts] The sixth international medical technology fair called "Health For All" concluded today. The conference ended with many commitments for future accords on importation and exportation of raw materials, medicines, and medical equipment, among othery items. Among the trade agreements that will be established in future contracts are joint production ventures in the veterinary field, pharmaceutical industry equipment, and the establishment of joint enterprises and clinics for the protection of mankind. An example of these agreements is the Agreement of Representation signed between the Heron SA Laboratories of Cuba and the (Isadis Limitada) from Colombia to introduce (Quietina), a medicine that reconstructs damaged tissues. [passage omitted]

Among the many donations given to Cuba, the Belgian firm (BDC), the Italian firm (Fastre), and the medical equipment enterprise of Havana donated flow slides for surgery rooms, which were jointly produced by the three enterprises. The (Intermed Label Medech) company from Germany donated 574 breast prostheses. The (Ajen) enterprise from Spain gave our country a large amount of radiographic and protective accessories.

"Health For All" concludes with a large number of achievements for our medical and pharmaceutical development and with a wider opening of doors through which our products must pass to be introduced on the international market.

Health Minister Links Revolution With Health Achievements

FL1802171393 Havana Radio Rebelde Network in Spanish 1000 GMT 18 Feb 93

[Text] Public Health Minister Julio Teja has stated in Guantanamo that the Revolution's successes in the sphere of health, as well as many other achievements of a social nature, constitute a message to the people of Cuba, who on 24 February will surely vote in favor of continuing our project for independence. Teja, who is also a Central Committee member, pointed out that in the midst of severe material-resource limitations, the various health programs are being maintained—beginning with the mother/child-care program, which in 1992 achieved the historic infant mortality rate of 10.2 per 1,000 live births.

Havana Health Leadership Announces 1993 Goals

FL3012223592 Havana Radio Reloj Network in Spanish 2058 GMT 30 Dec 92

[Text] Public health minister, Dr. Julio Teja, has announced a plan—coordinated with the Ministry of Agriculture—that will allow us to obtain, in 1993, no fewer than 28 million units of medical products, a large part of them made from plants. The provincial health leadership's organizational activities for 1993 were approved during a meeting held at the Havana Psychiatric Hospital, as was the strategy for raising care levels.

Among the priorities for the coming year are support for the model unit movement, which is directly linked to an increase of specialists in general, and holistic medicine in connection with the care of seriously ill patients. Within the mother/infant-care program, Havana's specialists will begin making a full assessment of children with low birth weights, and will strive to better diagnose congenital abnormalities.

New Vice Health Minister Appointed

PA2304210993 Paris AFP in Spanish 2003 GMT 23 Apr 93

[Text] Havana, 23 Apr (AFP)—On 23 April, Public Health Ministry sources indicated, when pressed by questions from western reporters, that Abelardo Ramirez, until today the public health vice minister for medical assistance, has assumed the post of public health vice minister for hygiene and epidemiology.

The sources thus confirmed the removal of Dr. Hector Terry, which had been unofficially reported on 22 April to the foreign press.

Dr. Terry had become famous for the campaign he designed against AIDS, which involved massive testing and the isolation of patients found to be carriers of the virus in specialized clinics. This resulted in an effective control of AIDS is Cuba: 902 cases (119 deaths) since 1986.

Zambia Signs Agreement Employing Cuban Physicians

FL1504160593 Havana Radio Progreso Network in Spanish 1100 GMT 15 Apr 93

[Text] A contingent of Cuban physicians will be going to Zambia under the terms of the agreements signed in Havana at the end of the visit by Zambian Health Minister Boneface Kawimbe. A group of specialists has already been chosen, and I can report that the first 60 physicians will be in Lusaka by (?July).

This was announced during a meeting with the press by Minister Kawimbe. He also announced that the agreements signed with the Cuban health authorities provide for sending up to 200 medical specialists to Zambia under a contract that provides for Zambia's economic compensation to Cuba for these services. He also revealed that Cuba and Zambia have laid the foundations for positive cooperation between the psychiatric hospitals of Havana and Lusaka, and that (?he) is contemplating having specialists from the Cuban facility move to the Zambian capital soon.

Treatment for Optical Neuritis Underway

Authorities Conduct Search for Patients

PA2004035793 Madrid EFE in Spanish 2338 GMT 18 Apr 93

[Text] Havana, 18 Apr (EFE)—Cuban health authorities have conducted house-to-house polls to locate people affected by optical neuritis, a disease that has spread rapidly throughout the country and is attributed to a lack of vitamins.

In Havana alone, more than 2,000 cases have been detected and there has been a daily average of up to 100 cases in the past few days, medical sources told EFE.

Family doctors, who provide initial treatment in the neighborhoods, and other professionals who work in municipality hospitals, are conducting the polls.

At the Salvador Allende Hospital, one of the most important in the capital, specialized medical attention is being offered to people affected by the disease that strikes mostly men and causes progressive loss of sight, according to an article appearing on 18 April in the weekly TRIBUNA DE LA HAVANA.

A diagnostic center operates Monday through Saturday to give treatment to patients sent there by family doctors. It has a team that works 24 hours a day.

The diagnosis of the disease is made on the same day of the exam. If the diagnosis is positive, the patient is hospitalized for 10 days to receive adequate treatment that consists mainly of vitamin B doses.

Ophthalmologist Maria Cristina Diaz said patients undergo a test to determine their ability to differentiate colors and determine their visual field.

After leaving the hospital, patients continue treatment for sometime "because recovery of the optical nerve, as is the case with any central or peripheral nerve, is not achieved in a few days," the Havana weekly pointed out.

A new Cuban-made medicine called Neo-Vitamin II2 will be distributed free among the population in May to combat this disease.

The product contains Vitamins A, B-12, B-6, B-2, B-1, folic acid, and nicotinamide. Initial production is expected to be 1.8 billion tablets, of which 21 million is already produced.

The epidemic outbreak of optical neuritis appeared in late 1992 in Pinar del Rio, in western Cuba, and its existence was announced officially on 3 March by a Public Health Ministry communique.

Vitamin Complex Being Distributed

FL2804184493 Havana Radio Rebelde Network in Spanish 1700 GMT 28 Apr 93

[Text] As was said in the Public Health Ministry note, published in GRANMA on 3 April, which explained the optic neuritis situation, the distribution of a vitamin complex as a preventive supplement, called Neo-Vitamin II, is being carried out. This complex contains Vitamin A, Vitamin B-1, Vitamin B-2, Vitamin B-3, Vitamin B-6, folic acid, Vitamin B-12, and (?niacin). These elements are in a dosage that satisfies vitamin requirements for all ages.

The recommended dosage is as follows: For children 1 month to 9 years old, half a pill daily; for those 9 years old and older, one pill daily. In the case of pregnancy, the pill will supplement the established prenatal treatment. The Neo-Vitamin II dosage does not have side effects and can be taken any time in the day.

The free distribution of the Neo-Vitamin II is being carried out by the family doctor program and in those provinces, which are not covered by this program, by polyclinic and corresponding medical personnel, with the support of the Peoples' Councils and mass organizations. This vitamin complex has already been distributed in Pinar del Rio, Havana City, and Holguin Provinces and continues to be distributed in the rest of the provinces. The Special Municipality of Isle of Youth should be at the same level as the other provinces by 1 May.

The raw materials necessary to guarantee the distribution of this vitamin complex to the population for 6 months have been assured. It is recommended that everyone take their corresponding dosage. Taking greater quantities will not have any effect. Future supplies are guaranteed for as long as they are necessary.

Castro Inaugurates New Biophysical Medical Center

FL1102162293 Havana Radio Progreso Network in Spanish 1200 GMT 11 Feb 93

[Text] On 10 February, President Fidel Castro inaugurated the Biophysical Medical Center, leading institution of the Santiago de Cuba scientific hub. With this institution at the Oriente University, developing diagnostic equipment based on magnetic nuclear resonance and other high-demand medical, biotechnical, and pharmaceutical equipment in Cuba is now a possibility.

The leader of the revolution toured the center and praised the young group for their years of work in designing and building three modern machines, including the first Cuban scanner, a machine that photographs the interior of the human body with high precision, which unlike the computerized axial scanner, has no negative side effects and can produce various cross-sections of the cranium, spinal cord, and joints.

Before this, Fidel visited a new Santiago de Cuba hospital with more than 1,000 beds. There he observed the room where the scanner, built at the Biophysical Medical Center, is being prepared for operation. The first secretary of the Communist Party of Cuba [PCC] spoke cordially with the scientists and expressed his satisfaction with the student forces' decision to participate in the design, and even the construction, of the scanner. He also lauded the fact that most of the equipment used by health facilities in Havana and Santiago de Cuba was built by this institution and that another series is being constructed for extension throughout the rest of the country. Even though the scanner is valued at more than $1 million, the leader of the revolution emphasized, above all, its social function and its contribution in solving health problems.

Moments before leaving, Fidel signed a copy of the book, "History Will Absolve Me," in which he wrote that the Biophysical Medical Center is something that not only Santiago de Cuba Province, but the whole country can be proud of. He called for the creation of new dreams and beautiful realities for tomorrow. At the same time, he heartily congratulated hundreds of children, university students, men and women from the city, who greeted him when he left this research center. Accompanying Fidel on this tour were Politburo members Esteban Lazo, first PCC secretary of Santiago de Cuba, and Jose Ramon Balaguer, who along with Fidel were nominated as delegates to the National Assembly by Santiago de Cuba Province.

The Cuban president also paid particular attention to the water problems in Santiago de Cuba during an exchange with representatives of the government, the PCC, and

specialists of the Provincial Hydraulic Resources Enterprise. Fidel pointed out that few cities have such a serious situation, but that he was satisfied with the emergency plan to minimize the effects. (Reinaldo Elvis), president of the government in Santiago de Cuba Province, said that thanks to the provision of medium- and long-term investments, they hope to stabilize the water supply within 6 months and double the current supply within 18 months. Nevertheless, Fidel insisted that this program be maintained at high priority, and called for future plans that take harsh weather conditions into consideration.

Next, as part of the electoral process, the top leader of the revolution met with the voters of the Jose Marti urban center and other deputy candidates. As part of his third day of visits, Fidel exchanged opinions with representative groups from the Santiago de Cuba scientific hub. He said the day will come when products derived from scientific research will hold first place in the national economy.

Castro Speaks at Hermanos Ameijeras Hospital Ceremony

Pharmaceutical Industry Progress, Problems

FL0412030592 Havana Tele Rebelde and Cuba Vision Networks in Spanish 0100 GMT 4 Dec 92

[Text] Commander in Chief Fidel Castro, the president of the Councils of State and Ministers, gave the closing speech at the ceremony for the 10th anniversary of the Hermanos Ameijeiras Hospital and Latin American Medicine Day.

[Begin Castro recording] It can be said that our medicine in general has progressed a lot in these 10 years. Really, the idea of our becoming a medical power has become a reality in these 10 years. We are also becoming a power in the medical sciences, and a power in science in general. One of the fields in which we have made the most progress is precisely the field of medicine. We are making a lot of progress in the fields of biotechnology and the pharmaceutical industry.

Why, in spite of our progress in the field of the pharmaceutical industry, do we not have all the medicines we need? Because no country can produce all its medicines. Many medicines must be imported in any case, or if they are generic drugs they must be reformulated. The raw materials must be extracted. They must be processed. We have worked in all these fields. The technical medical laboratory has worked on this a lot. If we produce many of those generic drugs here we will reduce the costs, and they are working on hundreds of medical products with these generic drugs, to work with them here and produce them here after importing the raw materials. But this is a complex process.

But in addition, we are producing new medicines. We export new medicines and we import medicines that we do not and cannot produce in this country. There are some medicines that are cheaper to import than to produce. There are others that we cannot produce because they are complex or because you need quite sophisticated factories to produce them. So because of that, on the one hand we can say that we are developing the pharmaceutical industry and exporting drugs, and on the other hand, we hear that we lack medicines.

In spite of the efforts we are making, really these medicines are lacking primarily because of the country's shortage of resources, and the country has asked that they be used for those drugs that are essential. Nevertheless, we are working. We are making a great effort to try to maintain the availability of these medicines. [end recording]

The Hermanos Ameijeiras Hospital received the Carlos J. Finlay Order for its praiseworthy work for the public during these 10 years. The order was given to Director Dr. Raul Gomez Cabrera. The commander in chief was given a certificate for his contribution to this work in the people's service. Other certificates were also given to state and government officials for their support for the hospital. One very moving moment was Fidel's recognition of the work and dedication of this group of workers and the health care workers in general, who have had achievements with international impact, possible in spite of the difficult economic situation the country is experiencing.

[Begin Castro recording] And nationally, infant mortality was—according to news reports—about 10.4 or 10.5 [per 1,000 live births], when last year it was 10.7. We will wait for the end of the year, we will wait for 31 December, and we expect that at the end, on 31 December, we will have a rate two or three tenths less than the rate we had in 1991. I think this says a lot about what our medical services are like, about the efforts of the men and women—or better said, the women and men—who work in the health care services, [applause] because women are in the majority in this sector. The other health indicators show similar behavior in our country.

But you can see that there are very few countries that have infant mortality rates of less than 10. They are very rich, very developed countries. Infant mortality in the capital of the United States is more than 30 per 1,000 live births, more than 30 in spite of all the empire's resources. We are nearing 10, in spite of the embargo, in spite of our enormous difficulties, and in spite of the special period. I think that this rate, this detail, is really very revealing, and it is a reason for warmly congratulating all our doctors, our health care personnel, on this Latin American Health Day. [applause] Because our health indicators are the best in Latin America, the best in the Third World, and some of the best in the world. [applause] [end recording]

Further Report on Speech

FL0412031092 Havana Radio Rebelde Network in Spanish 0000 GMT 4 Dec 92

[Text] At the ceremony for the 10th anniversary of the Hermanos Ameijeiras Hospital and Latin American Medicine Day, which is being celebrated today, Fidel said that the idea of becoming a medical power has gradually become a reality under these conditions. When analyzing with the hospital workers the need to finance themselves in order to continue providing medical services at the highest level, the commander in chief said the following.

[Begin Castro recording] How can you manage to collect $1 million, $2 million, or $3 million to keep the hospital in operation, to buy the parts, reagents, and equipment you need? We have tried to have all those hospitals that are in a position to do so, all those that can, obtain some income in hard currency to help in financing themselves. This is not easy, and they will not be able to finance themselves entirely. But if they devote 100 beds to this goal, it will mean medicines and funds to cover the other 800 beds.

This is very important, and of course, with the prestige this hospital has, I have no doubt that little by little you will reach this goal. But look, there will be 800 beds for Cubans and 100 beds for foreigners. Now, the medical care these foreigners receive and pay for is the same medical care that is provided for the other 800 beds, for Cuban citizens. I think this hospital has set an example and has given an incentive to many other institutions.

In general, there is a scientific effervescence throughout the country, everywhere, in all the provinces. The number of doctors is growing. The number of family doctors is increasing. It will continue to increase in the coming years. In no other country in a special period, in no other country with the difficulties Cuba has, could the number of doctors continue to increase. They would have to say to those who are graduating from the medical colleges and schools that they do not have jobs. But precisely because of the advantages of our socialist system, the advantages of our revolutionary system, we can, in the midst of enormous difficulties, in the midst of the special period, afford not to throw any worker out on the street. We can afford not to close a single hospital. [end recording]

Castro Speech at Spare Parts Forum

FL1912023092 Havana Radio Rebelde Network in Spanish 2230 GMT 17 Dec 92

[Speech by Cuban President Fidel Castro at the closing session of the Seventh National Spare Parts, Equipment, and Advanced Technologies Forum at the Havana Convention Center on 16 December—recorded]

[Excerpts] [Castro] Comrades, participants in the Seventh Forum: It has been truly moving to be able to give, in this simple but moving ceremony, the certificates and awards which approximately 30 comrades have received here on behalf of groups or individuals. I know that there was a previous award presentation, because I believe that there were 109 significant or outstanding ... [rephrases] One hundred and I do not how many. How many? One hundred and six significant [entries]. And what comes after that? The outstanding ones. [unidentified speaker: "One hundred and thirty-three outstanding ones."] What is the difference? You came up with this, right? But there were 99 special mentions and 245 mentions. What is the total? Do you know? One certificate was missing. No, I mean of the ones we have just presented. Was it 30? Thirty-four. [passage omitted]

Actually, we are positioning ourselves in the vanguard in a number of fields. This can be clearly seen. Cuba's prestige in the fields of biotechnology, medicine, and other areas of the scientific arena is increasing day by day. I insisted so much on the famous (?Osomed) because it is not produced anywhere else. The (?Osomed) can solve a great many problems for us. Actually, a lot of the equipment we are producing is not for export. If export opportunities arise we will produce it for export—and we are doing that in some cases—but the primary beneficiary of the programs we are developing is Cuba.

Of course, we try to develop products not only for our consumption but for export also. The major plans for vaccine production are not only for our needs but for export also. We could say that we are already the first country in the world that has the greatest coverage in the world against meningitis because it is our exclusive vaccine. Soon we will also be the first country in the world in protection against hepatitis B. These vaccines are produced through genetic engineering. Today, not only do we have vaccination programs but also export programs for the hepatitis B vaccine, which is sold at a good price.

We are working on a vaccine against hepatitis C. We are working on a vaccine against meningitis serotype C. There are countries that have different types. This one is the most difficult. This same vaccine of ours could work against all three kinds—A, B, and C. We are working on a vaccine against something called Haemophilus influenzae, as the scientists say. This is another illness that is quite harmful. There is no vaccine in the world against it. We are working on a vaccine against cholera. We are looking for an effective vaccine against cholera. We are working on triple vaccines, multiple vaccines, vaccines against parasites. We are looking for the nerve growth factor.

And not to leave anything out, we are even working on vaccines against AIDS, in spite of the fact that Cuba is the country that has had the most success in the world in the fight against AIDS. It has been the only place where AIDS has not spread and become a catastrophe. It is where those infected with AIDS have the most security because of the preventive treatments that they have received. Of course, all this is becoming known in the world.

I believe that the progress of our sciences in general, specifically our medical sciences, is unstoppable. Cuba's increasing prestige in that field is already unstoppable, in diagnosis as well as in the production of equipment for diagnosis and treatment of diseases, as well as in the production of medicines. We do not produce all medicines, but we are rapidly developing medicines and reformulations. We cannot produce all of them or all the raw materials, but we are working to produce the greatest number possible in our country, even if we have to import raw materials, in order to reduce the costs.

We are also producing new medicines, and even though we are lacking a number of medicines, no other country has a vaccination program like ours against hepatitis. This program is already being applied in Cuba. No other country has a program like ours against meningitis. This one is also already being applied in Cuba. No other country has a program like ours for the use of products like PPG. It has already begun to be applied in Cuba, and its use is going to be spread during January of next year. In other words, we already have a number of programs that no other country has, even though, paradoxically, we lack certain medicines. In that regard, we are working to reformulate and produce them in our country. Of course, we are making sure that there is never a shortage of essential medicines. [passage omitted]

PALESTINIAN AFFAIRS

Committee Meets To Form 'National Health Plan'

93AE0100Z London AL-QUDS AL-'ARABI in Arabic 2 Nov 92 p 4

[Excerpts] Jerusalem—The National Health Plan Committee met the day before yesterday in the offices of the professional union in Bayt Hanina. The meeting was attended by a number of health institutes and personnel from all parts of the West Bank.

Dr. 'Arafat al-Hidmi, deputy chairman of the health plan, made a speech in which he said the plan is the fruit of perseverance and sustained efforts. It is a national plan in that it has been prepared by and for the Palestinians. It is the fruit of the work of hundreds of people in the country.

Planning, he added, is an ongoing and continuous process, and what has been achieved so far constitutes the backbone of the plan. What remains to be done is to determine the necessary manpower and financial resources. These efforts are now being carried in cooperation with the doctors' association in the West Bank and the medical association in the Gaza Strip. The plan will be finalized in the first quarter of the coming year. [passage omitted]

He was followed by Dr. Ziyad 'Abdin, director of the projected national health plan, who spoke about the method of work that has been followed in laying down the plan, which is based on three axes:

1. The health requirements as conceived by providers of services, which have been included in part 3, section 1. [as published]

2. The health requirements and priorities as conceived by the services' users, which have been included in part 3, section 2.

3. The inadequacies in the scientific structure as a whole, which have been included in part 1 of the plan, with a complete description of the entire scientific situation.

'Abdin added that the plan is comprehensive and complete, covering all the various health fields. It has been classified under three main titles: preventive services, health fortifying, and health protection, and covers 30 fields.

Dr. 'Abdin said that the objective recommendations by users of the services, in participation with the providers and the decision-makers, take into consideration the following standards:

- That the services are found on a scientific basis;
- That they be applicable and achievable.
- That they be linked to a specific time schedule and continual. [passage omitted]

ALGERIA

Medical Services Found Unable To Meet Demands

Shortage of Facilities

93WE0102C Algiers EL WATAN in French 24-25 Oct 92 p 5

[Article by Ahmed Ancer: "A Shortage of Facilities"]

[Text] Like many other health districts in Algiers and other wilayat, the Sidi M'Hammed district resembles a comatose patient, clinically dead but kept alive by a life-support system. The cost is 26 billion centimes a year (1991 budget).

One of this health district's facilities, the Belaaredj d'El Mouradia maternity clinic, needs yearly budget increases, despite continued cutbacks in services. The district's general administrator, Mr. Zougar, acknowledges that this particular unit poses major problems.

The Nacera Nounou clinic in the crowded Belcourt neighborhood looks like anything but a health-care facility. Sanitation appears to have been banned there, in an era when hospitals elsewhere have the means to isolate medical wards in order to prevent the transmission of air-borne diseases.

Several hundred meters away, in the hills of Belcourt, stands the recently built Mahieddine clinic. Its exterior exudes an aura of good health, but that impression is belied by working conditions that are symptomatic of the ills that plague Algerian health-care facilities, particularly in the Algiers region: Five oral surgeons must compete for the use of the clinic's sole dentist's chair, and seven general practitioners have divided themselves into two teams working in shifts, like their colleagues at other institutions.

The work day never starts at 0800 sharp and ends sooner than the regulations require. As a result, the Algerian Government is one of the few governments in the world to pay salaries of 10,000 to 13,000 dinars a month for no more than 2 hours of work a day, on average. If equipment or disposable supplies are lacking, a practitioner may work even less.

How can we even hope to improve services if we are still far from having solved such simple problems as the proper allocation of work space?

How can we meet the growing needs of the growing population in Alger-Centre when building space once available for medical care is being lost to other uses? The properties administered by the Sidi M'hammed health district are rapidly dwindling, according to the district's current administrator, Mr. Zougar. "There is a terrible shortage," he says. Space at health-care facilities has disappeared into thin air as a result of Directive No. 154 issued on 18 October 1989 by the health minister at that

time, Mr. Ali Kheddis. In one regulatory stroke, he opened the door to many abuses.

The privatization of publicly owned property—in particular, property meant for the ill—has made a difficult task even more difficult. Many so-called extra-mural properties (located outside a hospital's grounds) were subject to privatization, not counting other types of conversions, which diminished the sector's resources and its ability to provide care.

It appears that the "strip-down operation" is continuing. Mr. Zougar, with the agreement of the medical council, initiated a proposal to convert sections of the district's medical buildings into housing units. In August 1992, he sent a follow-up letter (No. 742/DG/92) to the director of health and social protection of the wilayah of Algiers, requesting authorization "to proceed with [property] transfers and construction work that will improve the coordination and functioning of our facilities and ensure that they are used in an optimal manner (...). This project, approved by our advisory and administrative bodies, was submitted for your approval in late 1991. No response has been received to date."

The restructuring request, which was undoubtedly well-founded, was followed by a request to convert a maintenance building on Khemissa Street ("closed because it was not cost-effective"), and the ground floor of one of the buildings belonging to the Mahieddine Clinic (in Belcourt). The wilayah's administrator was asked to approve the conversion of these two sites into housing units for the health district's director and his comptroller. There are no legal obstacles to such an arrangement and logic would argue that an administrator should be available at all times and should therefore live near his place of work so that he can be summoned whenever circumstances warrant it.

However, the case is not so simple, because it involves more than the three sites mentioned. Other sites said to be on the list for conversion into housing units are the unused "basement" of the Nacera Nounou Clinic (or more precisely, its ground floor, as a visit revealed) and the ground floor of the Mahieddine pharmacy. The Henri Dunant Center (Alger-Centre), the Belaaredj Clinic, and the Bellili Health Center (Alger-Centre) are also said to be under consideration as potential sites for housing units, in addition to those mentioned in Mr. Zougar's letter.

"That is partly true and partly false," we were told by Mr. Zougar, the very person who spoke to us at length about the problems plaguing his health-care district of Sidi M'hammed. He claims that the intent is to provide a solution to the housing problems of staff members who work at these sites, supposedly the same purpose that guided the minor conversion work done at the Abane Ramdane Center and at Belaaredj. "As for the other cases," he added, "those are proposals that have not been approved by the decisionmakers and so long as their approval is lacking, no conversions can take place." Housing is a real concern and a solution to the housing problems of medical, paramedical, and administrative personnel must be found, but not to the detriment of public health care, which is the sector's first responsibility. It was Mr. Zougar himself who said, "We need every bit of space, however small, even a few square meters, which could serve as a point of contact for the chronically ill such as diabetics. Such points of contact could provide emergency care and basic medications, as well as medical advice, if needed."

In reality, this inversion of priorities, which places the needs of health-care practitioners above those of their patients, is symptomatic of a "conception" of health care in Algeria and the management practices that go with it. For some, the sick have become an alibi for behavior that defies all logic. In our next edition, we will take a look at the way health care is managed in Algeria.

Medical Care Unresponsive to Citizens

93WE0102A Algiers EL WATAN in French 4 Nov 92 pp 13, 14

[Article by Ahmed Ancer: "Excessive Costs, Poor Services"]

[Text] The health sector, known as a drain on the budget, will consume some 20 billion dinars this year, with Social Security [national health insurance] accounting for only 40 percent of the total, as compared with 47 percent last year and an even larger share before that. According to some experts, Algeria ranks among the countries that spend the most on prevention, protection, and care. (See page 14.) Why, then, are Algerians dissatisfied with their health-care system? One part of the problem lies in the budgetary pressures faced by health-care facilities.

Can the health sector overcome its problems? Things do not appear to be improving, and may in fact be worsening.

Over the past few weeks, we have described conditions in the Sidi M'hamed health district of Algiers, the specialized hospital of Drid Hocine, and the university hospital center in Bab El-Oued. A report by the APS on Sunday revealed similar conditions in the wilayah of Bordj Bou-Arreridj.

The situation there was studied by local health officials who presented their findings to the local authorities at a recent meeting on the problems of the health-care sector. Their comprehensive survey of the performance of health-care facilities revealed such deterioration that the chief executive official told APS, "It is imperative that health-care structures be made profitable, even if that means renting them out to private practitioners, as authorized by law." Such extreme action was unthinkable until there was undeniable evidence of advanced decay in this sector whose mission is to protect and

preserve the health of citizens. The privatization of health facilities is not something that can be proposed without good reason.

Can the quality of care in a wilayah be improved when 82 percent of the annual budget is taken up by salaries paid to doctors and other medical personnel? The answer to that question, raised by the reporter, is self-evident. The remaining 18 percent is divided among six categories: food, medications, and medical products (which generally account for 8 percent), specific program expenditures, medical supplies, and infrastructure maintenance and other operating expenses (electricity, water, telephone, maintenance supplies, etc.). Another category—training—places an additional burden on university hospital centers, although there are no such institutions in the wilayah of Bordj Bou-Arreridj.

At present, the health-care facilities in Bordj Bou-Arreridj consist of four hospitals and 111 nonhospital units (polyclinics, health centers, and physicians' offices) for a population of 478,271 in 34 different towns. It is estimated that there is one doctor for every 2,018 residents of the wilayah, roughly equal to the national average of one doctor for every 2,000 Algerians.

In addition, it was noted, the fleet of ambulances has been expanded to 18; the number of dentist's chairs has increased to 21; and dental X-ray machines and other supplies have been acquired, all of which should ensure adequate health coverage.

But adequate coverage is not available. The findings of the meeting of local officials are rather grim: "A concentration of medical specialists and general practitioners, both public and private, in hospitals and the larger cities; poor management of personnel and resources at health centers; physicians' offices abandoned or closed due to personnel shortages; absenteeism (particularly among paramedical personnel in the towns); and theft of medications at all levels."

"Veritable pharmacies were discovered in the offices of the now-banned FIS [Islamic Salvation Front] and they contained medications that could not have come from anywhere else but state-run health-care facilities. Poor management of resources is to blame for the health-care situation in Bordj Bou-Arreridj, much more than some unfortunate combination of the human element and available resources."

"What else could explain the fact that the ill do not seek care at physicians' offices in their towns?" APS reported that the municipal leaders unanimously agreed that "physicians' offices do not meet the needs of the population living in remote areas. The reasons are various: lack of medications, lack of disposable supplies (syringes, for example), absenteeism among paramedical personnel, and the general lack of medical visits."

This situation is not limited to the wilayah of Bordj Bou-Arreridj where some 240 doctors are present.

Unequal Distribution of Medical Personnel

The proportion of doctors to residents in that wilayah is comparable to the figure for the wilayah of Algiers (excluding the four university hospital centers and specialized hospitals, which are frequented by Algerians from all parts of the country). The district of Sidi M'hamed, with a population roughly equivalent to that of Bordj Bou-Arreridj, has 800 practitioners, or one doctor for every 600 residents. In theory, that is one of the highest levels in the world. In reality, however, doctors spend an estimated 2 hours a day in their offices, to take the example of Algiers. There are doctors who work 6 hours or more a day, but they are not in the majority.

The overabundance of doctors in all the larger cities causes severe financial strain. The same realities are true of health-care facilities in the more densely populated wilayat. On the other hand, the more sparsely populated regions and the poorer wilayat have few doctors. That was confirmed by Mr. Ali Chaouch, principal budget director, whom we interviewed at the ministry of health.

The national average of Category 1 expenditures (salaries of medical personnel) is 76 percent of the annual budgets of health-care facilities. In many regions, that figure exceeds 80 percent. But the proportion of a budget devoted to salaries should not be taken as a significant indicator of how well a facility is managed, Mr. Chaouch believes, as budgets vary in composition from hospital centers and specialized hospitals to health districts. "Wherever hospital services are not provided, nonpayroll costs are lower. The smaller health-care facilities do not distribute medications; they use fewer disposable supplies and spend less on equipment, etc. Such expenditures at hospitals reduce the proportion of their budgets devoted to salaries. In health districts served by small facilities that do not provide the full range of medical care, there are fewer, if any, such expenditures, and salaries therefore appear as a larger percentage of the budget." Mr. Chaouch cited the example of university hospital centers that devote 60 percent of their budgets to personnel costs. The university hospital center of central Algiers (Mustapha and the Debussy Polyclinic) has an annual budget of 85 billion centimes, but spends only 52 percent of that (45 billion) on the salaries of its personnel.

According to Mr. Chaouch, the health ministry has been dealing with the problem of overstaffing for the past 3 years. In a directive issued by ministry, health establishments have been instructed not to hire any new doctors except to staff new facilities, in which case applicants must undergo a competitive selection process.

The health ministry's directive has been classified as a nonbinding guideline and hiring has continued despite an overabundance of doctors and dentists. According to some administrators, such additions to personnel have been made at the behest of certain health ministry officials or political insiders.

Distribution of Medical Coverage, Doctors

93WE0347B Algiers EL WATAN in French 1 Apr 93 p 13

[Article by Nacera Benali: "Overstaffing and Unemployment: The Impossible Equation"]

[Text] **When patients who have lost patience talk about the glaring inadequacy that our hospitals experience with regard to medical coverage, they note, ironically, the uselessness of that plethora of white-coated staff who even declare strikes to demand pay increases.**

When you are on the other side of the examining table, no alibi supports such a contradiction.

Payroll accounts for between 80 and 90 percent of the entire health budget.

That is an alarming figure and is not one that will reassure patients or, even less, those thousands of people who have medical diplomas who experience the nightmare of unemployment. When she headed up the Ministry of Health, Mme Mentouri had as her goal reducing this percentage by at least 8 percent.

In contrast to the reality of the overstaffing which, on an annual basis, gobbles up amazing sums [of money] are distant villages where, to get care, you have to walk tens of kilometers on foot. One surgeon told us the story, a funny and a sad one all at the same time, of a nomad who had walked 20 km to get to the nearest hospital. As soon as a doctor examined him, he was operated on. He had peritonitis.

Our public health centers (university hospitals, hospitals, polyclinics, clinics, dispensaries, and others) employ 8,201 general practitioner physicians, 5,131 dental surgeons, and 580 pharmacists.

The paramedical corps is larger, with its 83,119 employees (statistics as of 31 December 1991).

The democratization of the educational system has meant that the son of a farmer, just as the son of a big shot, can get higher education and thus get into medicine.

Besides, this training has never been an a la carte training.

Each year thousands of undergraduates major in medical science and every year thousands of their elders, those with diplomas, are spewed out into the anonymous mass of the unemployed.

But let there be no mistake about it, this overstaffing and this unemployment are in no way synonymous with national [self-]sufficiency when it comes to medical care. If international standards exist in the area of distribution of practitioners per number of inhabitants, the figures that reflect the reality of our country do not come up to any of them.

The current coverage index is 2.24 beds per 1,000 inhabitants. Here is an example: Adrar only has one dental surgeon whereas in Algiers there are 300 (in the public sector, of course).

Indeed, if in an Algiers clinic you can find eight dental surgeons per chair, the children in certain villages of Ain Defla, so as not to go too far afield, do not experience the pain of a drill in their mouths.

Some of them will carry, for life, hideous scars such as harelips and facial disfigurement. While with the tiniest of means dental surgeons save similar cases in other surroundings.

Authorities at the Ministry of Health do not deal in euphemisms, inasmuch as the personnel director stated that "overstaffing and unemployment within the health sector are a chronic problem whose solution will not come tomorrow." This is a grim prediction, some will say.

It is possible, but in the immediate future there is no indication of a solution. The educational system continues to educate the most diplomaed unemployed people in the world and the public sector no longer has anything to offer them.

Those who are well off can set themselves up when they finish their studies since civilian service is no longer required of them. Others do something else.

So between continuing to recruit and thus to eat away at the health budget, or between holding down the overstaffing to devote more sources to import medicines and help update the equipment pool, the dilemma stubbornly persists.

The slogans saying "education for all and a job for each person" will never fit a national budget which is clearly in deficit.

Our health is faring poorly and our unemployed continue to be among the best educated in the world.

Evaluation of Public Health From 1974-89

93WE0102B Algiers EL WATAN in French 4 Nov 92 p 15

[Text] The following evaluation was first presented as the introduction to a systematic study of the Algerian public health-care system by M. Aguercif and F. Agercif-Meziane, of the Pediatrics Department at Emir Abdelkader university hospital center in Oran and the Center for Medical Cost Simulation Studies and Auditing of Social and Health Care Facilities (CESAMES).

The citizen's right to health in modern societies was embodied in the expansion of the French system of Social Security [national health insurance] in 1958 and the inclusion of the principle of free access to health care in Algeria's Constitution of 1976. In 1990, health-care is

essential to social peace and the continued productivity of the work force. But Algerians are dissatisfied with their system which they find expensive and ineffective. Are those criticisms merited?

Our study evaluates the Algerian health-care system from 1974 to 1989. We have taken 1974 as our starting point because it is the year in which the system was made accessible to all citizens and a fixed annual budget was instituted.

The *demand for access to health care* is thought to be roughly the same for adults and children (about 46 percent of the population). The resources allocated to the latter amount to about 10 percent of the total. At present, the *availability of health care* is roughly in balance with the minimum level of need. The number of hospital beds in relation to the adult population is comparable to that of Great Britain and the United States. For adults, the likelihood of receiving care is about the same as in a developed country. The number of hospital visits for every 1,000 inhabitants has risen from 50 in 1974 to 69 in 1989. The overall indicators of facility use are satisfactory, in view of the handicaps that have been identified: the inexperience and heterogeneity of most medical staffs; severe malfunctioning of technical infrastructure; poor management with regard to overall administration, room and board, and logistics; and the lack of beds at short-term care facilities to accommodate patients who do not require extended hospital stays.

The *proportion of the population with access to medical care* is approaching that of the developed countries. There is one hospital bed for every 2.43 inhabitants (as compared with 3.3 in France in 1980.) The number of hospital patients per full-time doctor (or equivalent) has fallen steadily from 256 in 1974 to 103 in 1989 (as compared with 197.5 at the Public Assistance hospitals of Paris in 1987). But, the number of hospital patients per EPT [expansion not given] specialist per year is 0.106, a level comparable the 1987 figure for the Public Assistance hospitals of Paris (0.174), once the difference in the number of specialists for every hospital bed is factored in.

Accessibility of the system. It is estimated that 88 percent of Algerians have access to a health-care facility (80 percent in rural areas; 100 percent in urban areas).

Algeria's 69 hospital visits per 1,000 inhabitants in 1989 is comparable to the figure for France in 1970 (84 per 1,000 inhabitants). The Public Assistance hospitals of Paris, which account for 30 percent of all hospital activity in the Ile-de-France region, registered 65 hospital visits per 1,000 inhabitants in 1987. The existing and potential residual demand can be estimated at 12 percent and 70 percent, respectively.

Between 1974 and 1989, per capita national health-care spending in the public health system rose to 905 dinars (362 in constant dinars). Since 1985, spending as a proportion of gross national product (GNP) has been comparable to that of a developed country (5.5 to 6 percent of GNP). In absolute terms, yearly per capita spending is 120 U.S. dollars (about one-tenth the average of the wealthy nations of the ECDE [as published]. The largest disparity occurs in the pharmacy category that lowers the overall proportion from one-fifth to one-tenth.

The consumer price index rose from 100 in 1974 to 392 in 1989. In addition, prices are estimated to have risen by a factor of five between 1989 and 1992.

All in all, with the differences in usage of the DNS [expansion not given] ranging from 1 to 5 among the various social categories, great progress has been made toward improving public health since independence, despite the fact that funding has remained steady in constant dinars against a backdrop of population growth and expansion of the health-care sector.

The 1990's will be more difficult years because of the troubled economic environment, particularly with regard to the 10 percent of patients who incur the highest costs (75 percent of resources in France's system).

The task will be to obtain medically acceptable results with limited means (less than 10 percent of France's yearly per capita allocations; 20 percent per hospital bed). A developing country like Algeria has no choice but to search for ways of optimizing its system. As established by the service payment system of the DRG (homogeneous groups of patients), the most promising means of improving the system's efficiency without additional spending is to develop the provision of diagnostic consultations and treatment outside the hospital system.

Equipment, Funds for Kidney Patients 'Insufficient'

93WE0102E Algiers ALGER REPUBLICAIN in French 23-24 Oct 92 p 4

[Article by M. Kaoua: "SOS for Kidney Patients in Medea"]

[Text] The goal of the Medea-based Association for Aid to Kidney Patients is to provide long-term support to those who suffer from kidney disease. Thus far, it has not been able to offer much help, primarily because there is no office or center for its activities.

The president of the association, also a founding member, is Abdelkrim Euldji, better known as Djamel Etahir, the bard of childhood and humanism whose narratives and generosity of heart have earned him renown throughout Algeria. Since 1989, he was worked tirelessly with other patients to keep a record of all those in the wilayah who suffer from kidney disease and provide them with moral and material support.

Those who suffer from kidney disease lose much of their strength and energy, and sometimes their jobs. They

must undergo blood dialysis three times a week, four hours at each time, a process that is described as "slow death."

Of the kidney patients listed in a 1986 census, nearly 36 have died. "Their disease gradually claimed their lives, but the process was no doubt accelerated by the effects of equipment failures (at present, seven of the 12 dialysis machines are not in working order), unkept appointments, and chronic shortages of heparin and other drugs."

The conditions under which dialysis is currently performed are highly unreliable. The dialysis room does not have its own electric generator and power failures are frequent. When a power failure occurs, the tortuous dialysis process must be terminated by manual intervention.

The association currently has 46 patients, most of whom belong to low-income groups and live far from the hospital located in the capital city of the wilayah.

The association finds it difficult to remain in touch with the patients. "We urgently need to find a center for our activities," said Abdelkrim. "In material terms, our association is poor."

The profoundly humanitarian ideas and activities of the association were developed by its president. The wilayah government provides some support, but it amounts to very little. A subsidy of only 10 million centimes was granted in 1992.

The association's humanitarian activities could expand considerably if it had an office at the hospital or at any other locale in the city.

'Deteriorating' Conditions at Clinic Said Typical

93WE0102D Algiers EL WATAN in French 25 Oct 92 p 5

[Article by Ahmed Ancer: "Just Another Clinic"]

[Text] The Nacera Nounou Clinic in Belcourt is no doubt representative of the state of neglect and advanced decline of many health-care facilities.

While aging buildings may be partly to blame for poor conditions elsewhere, that is not the case at the Nacera Nounou Clinic. Completed no more than 20 years ago, the structure that houses the clinic stands out from the rest of old Belcourt's urban landscape. From the outside, it seems a fairly pleasant place. On entering the large reception area, however, that impression quickly evaporates: The floor is covered with the dark blotches left by chewing gum. The doors, almost without exception, are battered and broken, as if no one here had recently thought of using such things as keys. The bare examining rooms reveal the clinic's poverty.

But it is the lack of cleanliness that is the most difficult to understand. In an era when hospitals are equipped with scanners that map the most intricate parts of the brain, the clinic complains that it lacks...brooms. The basement—or more precisely, the ground floor—of the building, no longer used now that it is being eyed for conversion into a housing unit, has not been swept for months. Moreover, cleaning products are in short supply at the clinic which, we were told, receives only 20 to 30 liters of chlorine bleach a month.

If such needs go unmet, what about the clinic's other needs? Disposal supplies are lacking. "For the entire month of September, we received only three boxes of band-aids," said a medical supervisor. Whenever a necessary item is lacking, the clinic, which adheres to the governmental work day of 0800 to 1600, is forced to improvise. It may, for example, send someone to request the item at another health facility, which may not be willing or able to provide it. If all else fails, the patient himself is asked to obtain the necessary items before returning to the clinic to receive care. At least conditions have not deteriorated to the point where the patient is asked to provide his own doctor!

There appears to be no management policy in effect at the clinic. Its medical affairs are overseen by a doctor who practices at the Moliere Clinic, some 2 or 3 km away. Its various other needs are overseen by the director of the health district. Three on-site medical supervisors share the "responsibility" of running the clinic, but they do not have any authority.

The contrary would have been surprising. Medical supervisors are high-level health technicians (TSS) who work with general practitioners, specialists, or dentists, and oral surgeons. The problem here is one of hierarchy. The only action the medical supervisors can take is to write to their superiors in the health administration.

Month after month, they continue to report problems to the central office with requests for assistance. The list of the grievances they have reported fills dozens of pages in their own record book. Rarely does the return mail bring a response.

Shortage of Drugs, Services for Mentally Ill

93WE0247B Algiers EL WATAN in French 23 Jan 93 p 15

[Article by Souhila Hammadi: "The Mentally Ill: Still Considered Lepers"]

[Text] Half naked, filthy, hair disheveled, he walks with head lowered, murmuring unintelligibly. All at once he stops: Vociferous, gesticulating, he calls out to passersby. People steer clear of him. They barely glance his way. He's only a "lunatic," and "lunatics" are legion. They come in all ages, everywhere in the city, and apparently in ever-increasing numbers. "There is no increase in the number of mentally ill, but there is a breakdown in the delivery of services to them because of the shortage of medicines."

A large number of patients are having relapses as a result of the poor care delivery system, the nonavailability of medicines and prompt attention, and in some cases the ineffectiveness or unreliability of drugs that are provided. "We bought drugs from Iran that had no expiration date on them. We also got some 'Gardenal' that came in the wrong dosages. We are not treating people, we are only making their condition worse," says Professor Boucebci.

Mental illness is not irreversible. Timely consultations and good medical follow-up can halt the progress of the disease. "There are patients with chronic mental problems who were stabilized. Now there is no more medicine. As a result, patients are back on the street," adds Prof. Boucebci.

At Drid Hocine, a psychiatric hospital, the equipment for administering lithium salts (a drug indispensable in the treatment of manic depressives) has not been used for 6 years. The nonavailability of this substance means patients end up hospitalized for a month to 6 weeks. In the long run, this is a lot more expensive than lithium, which when it was available cost only 5,000 Algerian dinars, according to our sources. The problems at Drid Hocine are far too many to enumerate. In a goodly number of psychiatric hospitals, patients receive poor treatment, out of doors, and they are not wanted. People would like to keep them hidden away, or better yet ignore them completely. It is ostensibly because they are dangerous, although practitioners agree the "insane" are by no means all violent. "You won't find statistics showing they are dangerous," says one of them, adding that a comparative study has shown the so-called "normal" population is markedly more prone to violence than the mentally ill. "The hospital is not a dustbin, and the mentally ill are not hopeless cases," he says.

"In the 19th Century, when psychiatry had little to offer, we locked up the insane. Nowadays we must care for the patient, to enable him to lead a normal life," says Dr. Benouniche, psychiatrist at the Bab El-Oued CHU [university hospital center]. And the course of therapy, once begun, must be completed. A break in treatment regimen could lead to a relapse that might prove fatal. When the mentally ill are left to their own devices, without medical attention, they are likely to return to their initial condition.

The health code (law 85-02) prohibits the internment of mental patients younger than 18 or older than 60. In other words, a child who presents psychological problems must wait until he reaches the age of majority before being hospitalized and thus treated. The same goes for an elderly person, who is no longer entitled to a hospital bed after retirement if he does not want it.

Articles 145 to 148 of the health code (85-02) also contain some equivocal provisions. They stipulate that a patient who has been hospitalized and who is potentially violent shall be put under medical surveillance after discharge, for a period of up to 6 months, although this period can be extended at the request of the physician handling the case. "This law is something out of a fairy-tale book. I defy anyone to be able to enforce it," says Prof. Boucebci, and many of his colleagues agree.

Although psychiatry may have made giant strides elsewhere, here it has many serious shortcomings. And society does not easily accept people who have an illness that seems incurable. In some respects, they are still treated as lepers.

Doctor's Problems at CHU Mustapha

93WE0347A Algiers EL WATAN in French 1 Apr 93 p 17

[Interview with Dr. Benhadid Othman, a surgeon at CHU Mustapha, by Souhila Hammadi; place and date not given: "Dr. Benhadid: Staying, But at What Price?"]

[Text] *In an interview with us, Dr. Benhadid Othman, a surgeon at CHU Mustapha, tells of the difficulties that doctors encounter as they practice their profession and in particular doctors who work in the public sector.*

Hammadi: Why, in your opinion, are specialists increasingly leaving the public health sector to go into the private sector or go abroad?

Othman: Quite simply because they're not pleased with their work. You're not doing what you want but rather what you can do. There's no shame in saying that we're very poorly paid. A medical professor gets about 20,000 dinars a month. An administrative secretary gets more and she is not responsible for the additional expenses that are peculiar to our profession. Every day medicine progresses, so it is imperative to keep up-to-date on a regular basis; unfortunately, since 1987-88, we haven't been receiving specialized journals. Even if I wanted to subscribe to four or five titles, they wouldn't let me because there isn't enough hard currency.

Hammadi: But at least you pick up things when there are international meetings of specialists and conferences?

Othman: Yes, but not enough. If they pay for my air ticket, we pay all our other costs out of our own pockets. For example, to attend the French surgeons conference, which is held once a year, I pay out of my [own] pocket the registration fee of about 2,000 [Fr] French francs as well as the usual expenses of about 500 Fr a day for a week; in this area we're really hurting.

Hammadi: If you were to characterize Algeria's medical backwardness, what would you say?

Othman: The backwardness with respect to equipment is great but the human skills are important. I spent one year in France and that helped me to lose my [feelings of] inferiority completely because where practice is concerned, an Algerian surgeon is very competent. On the contrary, he puts forth an enormous quantity of work if you compare him to the foreign practitioner, who has

supersophisticated equipment and a good paramedical team. In the last analysis, he is reduced to doing his real job. In our country, even the patient isn't aware of the problems faced by the medical community. When an operation is unsuccessful, people point their finger at the practitioner whereas he must have the tools to work effectively. We do the most with the means at hand.

Hammadi: Right, with regard to the means, of what does the shortage consist?

Othman: Bottom line, the equipment is defective and out-of-date. The scanner, for example, often breaks down, a patient's medical history isn't properly taken down, or things drag, and that leads to the slowness that has been used to describe the health system. Furthermore the shortage of blood seriously handicaps us. To sum up, in surgery we aren't adequately equipped for lengthy operations and so we try to compensate for this shortage by working quickly. In a certain way, we try to act in order to save and without risking the patient's life.

Hammadi: Patients complain about the incompetence of medical caregivers and hospitals; what do you think about this?

Othman: You can't satisfy patients; we as practitioners aren't satisfied. A patient doesn't have confidence in his doctor so he immediately thinks of care abroad. However, an Algerian doctor is as competent as a French, English, or any other doctor. It's a question of means, that's it; in a sense a car is an essential working tool. I don't see how I can go out in the evening to pay a [house] call on my patient without a car, yet to buy one for 60,000 Fr, plus customs duties, is next to impossible. By way of anecdote, a medical professor takes retirement and gets 3,000 dinars. We may well be practicing a noble profession, although we don't get better treatment because of it.

Report on Family Planning Center, Demographics

93WE0102F Algiers ALGER REPUBLICAIN in French 27 Oct 92 p 5

[Article by Mustapha Ghobrini: "A Pilot Center for Family Planning Services"]

[Text] The opening ceremony of a pilot center for family planning services took place on 14 October 1992 at the polyclinic of the Mostaganem plateau. Among those attending were the governor of Mostaganem, the chief administrator, the medical and paramedical corps, and the president of the Algerian Family Planning Association (APF).

APF's president, Dr. Khelladj Bouchenak, opened the proceedings with a statement of the goals and purpose of the center: to encourage the spacing of births by providing quality services (contraceptives, information, etc.) to couples within a framework of medical guidance.

Dr. Bouchenak noted that Mostaganem had been chosen because it encompasses urban, semi-urban, and rural areas (lower educational levels and a high illiteracy rate among women).

The governor began a long speech by noting, "This is an excellent initiative, particularly in view of the large sums of money spent on family planning and the rate of population growth."

The governor drew attention to the problems of overstaffing and the under use of equipment at health centers, concluding with the assurance that he is ready to open the doors of health centers to the APF and other associations in order to make family planning service more available.

During the discussion period, Professor Adjali reminded those present that the first attempt to introduce birth spacing techniques was launched in Mostaganem with the help of Cuban doctors who "secretly" made interuterine devices using fishing line.

The pilot center in Mostaganem is part of an ongoing project sponsored by the European Economic Community (EEC) and initiated by the International Family Planning Federation of which the APF is a member. The project includes the center in Oran, which opened on 19 September 1992 at the Jean Kraft Clinic and another in Constantine.

The EEC has entrusted the execution of the project to the International Federation, which has received 1,280,000 ECUs [European currency unit] from the EEC for that purpose. Project funding covers the provision of contraceptives, the Information, Education, and Communication (IEC) program, personnel training, and documentation.

The National School of Public Health in Algiers is taking part in the training of medical and paramedical personnel. The pilot center is overseen by a coordinating group made up of the APF and health district officials whose role is to monitor and evaluate the center's activities.

The work of the coordinating group is governed by an 11-point agreement signed by the two parties.

The center's mission is to provide the public with information and education, quality services, personnel training, specialized documentation, and IEC activities.

Demographic Data for 1988-1991

Category	1988	1989	1990	1991
Est. population	537,136	551,212	569,866	585,469
Women of child-bearing age	64,994	66,697	67,546	71,592
Births	19,186	17,272	16,868	16,721
Birthrate (%)	35.70	31.69	29.60	28.56
Infant deaths	1,394	1,068	999	932
Infant mortality rate (%)	72.65	62.17	59.24	55.73
Deaths	3,313	7,950		
Crude death rate (%)	6.34	5.35	5.02	4.76
Natural increase (%)	2.77	2.24	2.07	1.91

In this 4-year period, births decreased by 2,465; the infant mortality rate fell 18 points from 73% to 55%. The rate of natural increase fell by 0.86%.

Source: DDS [expansion not given], Mostaganem

EGYPT

Arab Doctors Union Health Report Published

93WE0233A Cairo AL-AHRAM AL-DUWALI in Arabic 3 Feb 93 p 8

[Article by Faruq 'Abd-al-Majid]

[Text] President Husni Mubarak, in a speech delivered by Health Minister Muhammad Raghib al-Duwaydar, asserted that there was no longer any place for small entities in the world and that cooperation and the unification of goals have become the only way to keep abreast of the quick development of the world. He added that the Arab world enriched global medicine in the past and is still doing so.

The president also said that the policies of both preventive medicine and early diagnosis have been implemented in Egypt. Egypt provides medical treatment through different channels that are based on income level. Egypt is also developing its medical insurance program in order to cover all citizens and is working continuously to promote family planning.

The president added that Egypt has a network of about 4,000 basic rural and urban health care units. As a result of the increasing number of health care units, any citizen has to travel no more than 5 km to reach the nearest unit. The immunization of children against deadly diseases has increased so that presently 90 percent of all children have been immunized. A program to fight children's respiratory diseases has started. More than 21 million citizens are checked annually for schistosomiasis. The government spent about 12 million pounds to inoculate children with the hepatitis-B vaccine. The number of dialysis units increased to 1,200. Kidney transplant centers are found at teaching and university hospitals. At the end of his speech, President Mubarak emphasized the fact that Egypt's health and treatment policies have always been geared toward serving the noble goals of the Arab world, so that when Egypt is called upon for help, the country makes an effort to provide it.

Dr. 'Ismat 'Abd-al-Majid, secretary general of the Arab League, said that the conference is being held at a time when events and important changes are taking place worldwide. Politically, the world is changing from the Cold War era to that of large economic blocks. Therefore, there is no place left for individual states. The Arab world has an old civilization and other distinguishing features that enable it to take its place in the world order. The Arab Nation will not exist as a peripheral nation.

'Abd-al-Majid added that there has always been cooperation between the Arab League and Egypt's doctors and that Egypt had sent health missions to Somalia, Marj-al-Zuhur, and other places.

'Abd-al-Majid demanded that Israel assume its responsibility with regard to the unfair resolution to deport the Palestinians. This resolution places obstacles in the face of the peace process. Israel should also respect Security Council Resolution 799, which deals with this issue, and the Security Council should force Israel to comply with this resolution.

'Abd-al-Majid also discussed the necessity of tapping Arab efforts to make the utmost use of the Arab potential. In addition, he advocated improved maternal and child health, the Arabicization of medical literature, and looking for the best ways to avoid natural disasters, as well as other disasters. He also demanded that efforts be made to overcome the negative consequences of the Gulf war and to use all of the resources available to solve Arab differences.

Dr. Hamdi al-Sayyid, secretary of the Arab Doctors Union and conference chairman, demanded that an Arab health policy to eradicate many prevalent diseases be developed. He also demanded that a complementary Arab medical system be formulated and advocated the offering of continuing education to Arab doctors.

Al-Sayyid said that Egypt was the Arab world's big sister and that the country must take responsibility for all of the problems that the Arab nations face.

Dr. Usama Raslan, secretary general of the conference, said that about 170 research papers in the different medical sciences will be discussed at the conference. The 3-day conference will be attended by more than 2,000 doctors from Arab states and organizations.

The conference gave an appreciation award to both Dr. 'Abd-al-'Aziz al-Rantisi, official spokesman of the deported Palestinians, and Dr. Yasin 'Abd-al-Ghaffar (Egyptian) for his distinguished medical research in the area of liver disease.

INDIA

High Rate of Cancer in West Rajasthan

93WE0166 Calcutta THE STATESMAN in English 1 Dec 92 p 16

[Text] Jaipur, Nov. 30—Doctors here say western Rajasthan has the world's highest incidence of blood cancer and India's highest rates of bone and skin cancer, reports PTI.

One possible reason for the high incidence of blood cancer could be the underground nuclear test in Pokhran in western Rajasthan in 1974, the doctors speculate.

The study by Dr R.G. Sharma, a cancer specialist at the S.M. Medical College Hospital, here, and his associates, shows that the incidence of leukaemia—blood cancer—in males here is 5.2 percent, much higher than the world figures of 3.3 percent for males.

The findings, published in the latest issue of the Indian Journal OF CANCER, are based on a detailed analysis of 2,662 cases of histopathologically proved cancers from the medical college and other hospitals in Jodhpur City.

The incidence of leukaemia in males is much higher than the reported figures by cancer registeries from Bombay (three percent), Trivandrum (2.7 percent) Bangalore (two percent), Madras (1.5 percent) and Dibrugarh (one percent). In females the incidence of blood cancer has been found to be as high as 4.7 per cent.

The study said the reported percentage of leukaemia in the world is 3.3 per cent in males and 2.6 per cent in females. The corresponding figures for developed countries are 2.8 percent and 2.4 percent and for developing countries 3.7 percent and 2.8 percent respectively.

Another type of cancer commonly diagnosed in Rajasthan is skin cancer. Incidence of the disease is as high as 6.3 percent in males and 4.2 percent in females, according to the study which says the corresponding figures from the Indian cancer registeries do not exceed 2.9 percent in males and 1.9 percent in females.

Bone cancer was also found to have a high occurrence rate of 3.4 percent compared to 1.1 to 2.4 percent in other parts of the country.

Center To Care for Thalassemia Patients Opens

93WE0121 Calcutta THE SUNDAY STATESMAN in English 15 Nov 92 p 16

[Text] New Delhi, Nov. 14—Asian countries are most affected by the disease, thalassemia, and there has been considerable increase in their number over the years due to the non-availability of proper medical care, reports UNI.

Speaking after the inauguration of the Haematology Daycare Centre (Thalassemia Unit) at the All-India Institute of Medical Sciences here today, Prof. V.P. Chaudhary of the haemotology department said the worst-affected countries in the Asian region were Thailand, Cambodia and Vietnam.

"In India, about 10,000 children born every day carry the disease and it varies between one and 17 percent of the population with an average prevalence of about three percent," he added.

He said that in India presently, 25 million people carry this gene and its prevalence is very high in certain communities such as among the Punjabis who have migrated from west Pakistan, Bengalis, Gujaratis, Sindhis and certain others.

Most of the children born with this gene either die young or their illness is left undiagnosed due to limited available facilities in the country, he said.

Thalassemia is a serious genetic blood disorder which requires frequent blood transfusion to keep the patients in near normal state.

Speaking about the measures to prevent the disease, Prof. Chaudhary suggested that thalassemia can easily be prevented if two individuals carrying this defective gene do not have children as they themselves will never suffer from the disease. He also suggested reduction in the birth of such children through marriage counselling and routine blood testing before marriage.

Dr J.S. Arora, president of the National Thalassemia Welfare Society, stated that mass education regarding this disease, educating parents of the thalassemic children about the disease and its management and helping blood banks in collecting blood and desferral at subsidized rates would go a long way in preventing and curing this disease.

He said a cheap and virtually harmless medicine 1-1, the oral chelator for the deadly side effects of thalassemia is on the anvil. It has already completed the first stage of human trials in six countries, including India, and it will be easily available at a reasonable price in the country within the next 2 years.

Prof. Chaudhary said the cost of treatment, for a child for one year, was estimated at more than Rs 1.25 lakh, which was out of the reach of most parents and thus prevention was the only practical way out.

He called for a joint effort by the medical, voluntary and social organisations for creating awareness about the disease and help in setting up medical facilities for its treatment in different parts of the country.

He said there was also a need for setting up a bone marrow transplant centre at the AIIMS as this would help cure the disease which requires blood transfusion on an average of once every month.

Prof. Chaudhary said the department was currently engaged with the important project of thalassemia and evaluating the effect of oral chelation therapy.

He said these children are unable to sustain iron chelation due to the prohibitive cost of desferral.

Multilateral Environment Fund To Give $500,000 Aid

BK0512041492 Delhi All India Radio Network in English 0245 GMT 5 Dec 92

[Text] India is to get $500,000 from the multilateral environment fund. The minister of state for environment and forests, Mr. Kamal Nath, told newsmen in New Delhi that this assistance will be utilized for preparing project reports on tackling the problem of harmful chlorofluorocarbons. He also said that the government will not concede any relaxation in the new standard to check pollution by vehicles. Mr. Kamal Nath said that the automobile industry should utilize the time to make necessary modifications in the vehicles.

IRAN

Heart-Related Deaths Reach 43 Percent

93LA0008Z London KEYHAN in Persian 7 Jan 93 p 3

[Text] Published statistics in Tehran show that the number of people who die of heart disease in Tehran has increased from 28 percent in 1365 [21 Mar 1986-20 Mar 1987] to 43.5 percent in 1371 [21 Mar 1992-20 Mar 1993], an increase of 15.5 percent.

The Behesht-e Zahra Organization in a published report wrote that in the five years between 1365 and 1370 [21 Mar 1986-20 Mar 1992], nearly 220,000 people have died in Tehran. In these statistics, those who died in Farvardin and Ordibehesht 1365 [21 Mar-20 Apr and 21 Apr-21 May 1986] and Mehr 1366 [23 Sep-22 Oct] were not included without any reason being mentioned.

Also, what is worthy of note is that the Behesht-e Zahra Organization has avoided mentioning the number of "martyrs," and this shows that the above-mentioned statistics in this regard are probably worrisome. Physicians consider the increase in the number of heart patients among the dead as due to the "psychological pressures resulting from economic and social problems."

Of the dead in the 5 years under study, 58 percent were men and 42 percent women. What seems astonishing in these statistics is the unusually high rate of children's deaths (30 percent). Of course, the statistics have not specified the age group of the "children." Statistics state that children's deaths decreased from 13,000 in 1365 [21 Mar 1986-20 Mar 1987] to 10,000 in 1370 [21 Mar 1991-20 Mar 1992].

Venesection Becoming Widespread Again

93AS0212Z London KEYHAN in Persian 19 Nov 92 p 2

[Text] Two venesection centers in Tehran were closed on the order of the Prosecutor's Office for medical violations.

Venesection is one of the oldest methods of treating internal and nervous disorders. Years ago, due to health-related issues and microbic infections, the procedure was banned, but in the chaos following the revolution, the centers were again established in various parts of cities and engaged in the unsanitary treatment of people. Last week, due to complaints by the people, two venesection centers were closed on Ferdowsi Street.

Three New Health Centers Inaugurated in Tehran

93AS0209Y Tehran RESALAT in Persian 27 Oct 92 p 11

[Text] Social Division. In order to expand, improve, and give proper service to those people insured by the Social Security Agency, three new health and treatment centers were opened in Tehran by the deputy director for treatment of this agency.

According to a report by the Public Relations Office of the Social Security Agency, these centers are:

Treatment Center No. 25, located on 24th Street in Sa'adatabad, specializing in pediatrics, internal and heart diseases, dentistry, general medicine, obstetrics (family planning), laboratory work, pharmacy needs, injections and vaccinations.

Treatment Centers No. 21 and 22, located on Second Sadiqiyyeh Square on Shahid Taqdiri Street, Nos. 45 and 75, specializing in pediatrics, internal and heart diseases, general medicine, laboratory work, pharmacy needs, injections and vaccinations.

Also, the laboratory of Shahid Shari'at-Razavi Hospital, located in Sar-e Asiab in Mehrabad, with computerized equipment, is ready to carry out tests for insured patients.

Also, the Headquarters for Patient Information, Admissions, and Distribution Centers is ready to respond to the insured at any hour, day or night, at the following telephone numbers: 640-2700, 640-8940, 640-1306, 640-094, and 666-2221.

Laparoscopy Apparatus Built Domestically

93AS0209Z Tehran RESALAT in Persian 31 Oct 92 p 6

[Text] A video laparoscopy apparatus, which is used for surgical procedures without incisions, was designed and built by Dr. Gholamreza Tizrow, a member of the faculty of Urmia Medical Sciences University and a surgeon, gynecologist, and obstetrician.

According to IRNA, this apparatus uses cold light and a special camera that is connected to a television monitor and allows the surgeon, by creating two incisions 5 mm in diameter into the body of the patient, to perform various surgical procedures on the patient.

Dr. Tizrow, the creator of this apparatus, said: By using this apparatus we can also diagnose various internal diseases and film the damaged internal areas.

He added: This apparatus in surgery, anesthesia, and operation time uses the least amount of time and brings hospital costs and hospitalization to a minimum.

To build this apparatus, all the equipment and parts were procured domestically at a total cost of 500,000 rials, whereas a similar foreign apparatus on the market costs 500 million rials.

The creator of this apparatus also, by using very simple and inexpensive equipment, has himself procured and built the equipment for video laparoscopy, which includes various (terokar kanun), scissors, forceps, scalpels and suctions.

This apparatus and related equipment, which has been used in several operations and about which several documentary films have been produced, has been approved by the Urmia Medical Sciences University.

Previously, Dr. Tizrow had built an electric cautery, which was approved by the Scientific and Industrial Research Organization of Khorasan and Mashhad University and has been used for 10 years in the hospitals in the country.

A cautery is a kind of electric scalpel that is used to prevent the bleeding of an incision during surgery.

Studies of Ways To Prevent Eye Diseases Planned

93AS0207G Tehran ABRAR in Persian 25 Oct 92 p 3

[Text] Tehran. IRNA. The reasons for eye diseases and blindness throughout the country will be studied by the Unit on Studies and Research on the Prevention of Blindness, affiliated with the Health Sciences College of the Medical Sciences University of Iran, and ways to prevent them will be offered.

Dr. Hoseyn Sami'i, the head of this research unit, pointing out that so far no complete and extensive research has been done about the causes of eye diseases in the country, said: "Preliminary studies have been carried out on all eye patients in the humid and green regions of Astara and the desert, dry region of Semnan."

He added: "Based on these studies, 11 forms have been prepared in order to have the essential tasks of the project based on computerized questionnaires, including all geographical, familial, cultural, social, economic, physical, and psychological factors and eye examinations."

Dr. Sami'i said: "Based on the determined standards, the first areas of study will be Astara as well as all the cities and villages of the province of Semnan, with the difference that in these studies only the male and female students in the fifth grade will be studied."

He added: "The best age for identifying the causes of disease and its prevention is in children 3 to 5 years of age, but since they cannot answer the questions and have the necessary cooperation for research and study, the age group of 10 and 11 has been chosen."

Dr. Sami'i said: "The result of research in these two areas will be placed at the disposal of the deputy minister of research of the Ministry of Health, Treatment and Medical Education so that by considering the vast experiences and resources of this deputy minister's office, after the probable deficiencies are eliminated, the plan will be implemented throughout the country."

IRAQ

Health Minister Says Western Countries Barring Medicine Imports

JN2402151893 Baghdad INA in English 1400 GMT 24 Feb 93

[Text] Baghdad, Feb. 24, INA—Dr Umid Midhat Mubarak, minister of health said the countries of aggression have refused to give Iraq permission to import necessary medicines, lab examination substances and spares for medical appliances.

In a statement published today by AL-JUMHURIYAH daily of Iraq, Dr. Mubarak added those countries also banned the import of ammonium nitrate necessary for manufacturing nitrous oxide used in anesthesia at the excuse that those well-know substances can be used for military purposes.

The minister said, the Sanctions Committee has ordered blocking any assistance for reconstructing Iraq's syringe factory completely destroyed during the acts of sabotage following the gulf war.

The minister pointed out that Security Council Resolution Number 687 had exempted food and medicine from blockade measures, stressing that the chairman of the committee has on May 1991 instructed all countries to use Iraq's frozen assets to cover expenses of purchase contracts supplying Iraq with food and medicine.

The minister said foreign companies have, under pressure from their governments, delayed implementation of deals despite the country's urgent need for such substances.

The minister added some of the purchase order for medicines, vaccines and lab examination substances have already been paid for before 2-8-1990 but companies have simply refused to supply them to Iraq.

The minister confirmed that 9 million dollars worth of material from 16 Western countries including America, Britain and France, were not shipped to Iraq.

Minister Comments on Sanctions, Health Services

JN1004063193 Amman JORDAN TIMES in English 10 Apr 93 p 3

[By P.V. Vivekanand, JORDAN TIMES staff reporter]

[Text] Amman—Health services in Iraq have steadily deteriorated since the imposition of international sanctions against the country in 1990, and Iraqis are witnessing a reemergence of preventable diseases which had been eradicated before the Gulf crisis, according to a senior Iraqi official.

The sanctions, imposed as a punitive measure following the Iraqi invasion of Kuwait in August 1990, have also forced Iraqi hospitals to close and to admit only emergency cases, Health Minister Umid Midhat Mubarak said.

The minister, speaking to reporters on the sidelines of an Arab labour conference in Amman, said Iraq was not producing 12 percent of its medicinal needs, and international assistance to the country's 18 million people was minimal.

"The sanctions have caused acute shortages of medicine and equipment," Dr. Mubarak said. "We can only provide a fraction of the health services that the Iraqi people need."

He said that only between 30 and 50 percent of hospital beds were being used, and that too was for emergency cases, and non-emergency "cold cases" were being deferred, "leading to further complications and side-effects."

"We are in a vicious circle," he said. "lack of vaccines, laboratory equipment, and the general state of sewerage and fresh water supplies badly affected by the war have limited out abilities to fight and prevent the spread of contagious disease."

Surgeries have gone down by 86 percent and only 82 percent of cases that need close study and investigations are being attended to, he said.

"We don't have anaesthetics and as such as cannot perform many operations," the minister said.

Dr. Mubarak noted that Iraq imported medicine and related supplies worth $600 million to $700 million every year prior to the crisis sparked by its invasion of Kuwait.

"No single (relief) organisation can meet the needs of the Iraqi people," said the minister, describing relief offered by various international institutions, non-governmental organisations and the United Nations as a "drop in the ocean."

Dr. Mubarak said the sanctions, which ban all Iraqi exports—the country's mainstay revenue—were preventing the government from raising funds for imports of food and medicine.

"We are seeing a six-to 12-fold increase in the number of cases of several diseases," including hepatitis B, he said, adding that many preventable diseases, like cholera and measles, "which were totally eradicated (before the crisis) are now reappearing."

The minister said an immunisation campaign launched in cooperation with the United Nations Children's Fund (UNICEF) in December and January was "highly successful" and about 92 percent of Iraqi children under the age of five were now protected against major killer diseases.

The success of the campaign was largely due to the "cold chain" storage and transportation facilities extended by UNICEF, he said.

According to the minister, more than 1,350 children under five die every month in Iraq compaired with 713 before the crisis.

Overall the infant mortality rate has gone up from 25 per 1,000 to 124 per 1,000, and the maternal fatality rate has gone up four-fold, he added.

Malnutrition among the entire population is another problem, Dr. Mubarak said, adding that 47 percent of all new-borns are underweight—less than 2.5 kilogrammes at birth—compared with 17 percent prior to the imposition of sanctions.

According to the minister, "in the best situation, an Iraqi adult is getting 1,800 calories per day, compared with the acceptable minimum of 3,000 calories."

Government-subsidised food and the abundance of calorie-rich dates has helped the Iraqi people to survive in the face of shortages, he said. But, overall nutrition-related cases have gone up to 47 percent from 2 percent, according to the minister.

Dr. Mubarak, who has been working with the Iraqi health system since 1967 after graduating from an American university, also reported seeing a large number of "kwashiorkor" [as published] and other malnutrition cases compared with just three before the Gulf crisis.

The minister assailed the international community for what he described as indifference. He noted that Iraq had not received shipments for orders worth $20 million for medicines and supplies placed in January and February 1990, several months before the crisis.

The shipments were apparently blocked as a result of sanctions, which also froze Iraqi assets abroad.

The countries on whom the medicine orders were placed include the U.S., France, Italy, Germany, Bulgaria, Poland, Japan, Canada and Sweden, he said, noting: "These countries are ardent advocates of human rights and freedoms."

al-Basrah Center: Allergy Cases Among 65 Percent of Women

93WE0218A Baghdad ALIF BA' in Arabic 9 Dec 92 p 25

[Report by 'Abd-al-Husayn al-'Azawi in al-Basrah: "Allergy Center in al-Basrah: 65 Percent of Women Exposed to Allergies"]

[Text] The aroma of perfumes, nice-smelling roses, palm trees, green grass: they are all sources of joy to people. Nevertheless, they are sources of trouble for others. They may cause difficulty in breathing, especially for those who suffer from allergies.

There is a small building in al-Basrah where people with allergies seek treatment. It is very crowded because it caters to all of the cities in the southern region, particularly during allergy season. We visited this center to learn its story firsthand. We heard painful stories, and we heard that women are more susceptible to allergies than men.

Tales From the Aggression

The building is the headquarters of a consultative center for allergies and asthma. Because it caters to the southern region, it is full of cases caused primarily by the thousands of bombs, tear gas shells, fires, smoke, oil fires and bombarding of industrial installations during the aggression against Iraq. This led to the worsening of many medical cases that resulted from the war.

Dr. Majid al-Hamdani, director of the center, said: "The aggression led to an increase in allergies. The unjustified economic embargo and the shortage of medications have caused dramatic increases in allergy attacks among our patients. An example is Mustafa Nuri, a 6-year-old, who has a very bad case of mucus membrane allergies and breathing difficulties. He has been treated for 6 months, but he is not yet stable. We have many other similar cases that we cannot adequately treat. Our efforts are not very successful because the aggression led to the worsening of many cases to such a degree that traditional methods are not enough to control the attacks. The lack of vaccine has increased the number of cases. If it were not for the great efforts of the Baghdad Vaccination Center in supplying alternative vaccines, we might have closed our doors."

A lack of medicine decreases the recovery chances for many patients. Yet, through rationing, the center managed to supply medical care to its patients. Dr. Hamdani said that the center monitors its patients by means of their medical cards and supplies about half of their medical needs. This means that the center's staff has to deal with a much bigger work load.

We noticed that the majority of patients are women. When we asked Dr. Hamdani about this phenomenon, his answer was very interesting. Recognized as a photographer, he worked with one of his colleagues, Dr. Kadhim Qasim Rabi'i', in a documented study, supported with pictures, that proved that 75 percent of the center's allergy patients are women. Since women spend most of their time cleaning house and being exposed to dust, they are more exposed to allergy-causing agents. On the other hand, men spend most of their time in their offices or outside the house. Thus, they are less exposed to dust.

Dust is not the only reason for allergies. Plants may cause allergies. Some plants that have strong aromas cause allergies.

This does not mean that we should not keep plants and stop cleaning. We have to be cautious in dealing with the causes of allergies.

Another problem is that the center is very small, particularly if we bear in mind that it treats about 300 patients each day.

JORDAN

Academy To Design, Build Medical Equipment

93WE0079A Amman AL-DUSTUR in Arabic 15 Oct 92 p 2

[Article: "Royal Scientific Academy Seeks To Design, Manufacture Medical Equipment and Spare Parts Domestically"]

[Text] The Royal Scientific Academy plans to use its expertise to design and manufacture medical equipment and spare parts domestically and to transfer its experience in that field to neighboring sister countries by providing management consulting in manufacturing.

The academy's Training and Electronic Services Center is an eminent facility that specializes in the maintenance of precision instruments and equipment, especially delicate tools for medical examination and treatment.

To learn more about the center and its services, PETRA interviewed the center's managing director, engineer Sa'id Hasan, who explained that regular maintenance of such tools and equipment is necessary if they are to

remain in service longer and to continue to provide extremely precise measurements. He said that the academy intends to establish an electronic maintenance college next year and that the maintenance of medical equipment will be one of the important majors offered.

He said that the academy has utilized the center to provide maintenance for 90 percent of the equipment used in the health sector. The center has a technical staff of 35 engineers and technicians who specialize in the maintenance of various types of medical equipment. They handle the maintenance of about 7,000 medical instruments (of about 500 different brands) that are used at 19 hospitals and some 300 health centers operated by the Ministry of Health.

He said that the academy's objectives go beyond maintaining and recalibrating medical instruments. It plans to service another category of equipment that is being increasingly used in several applications and in electronic nuclear equipment. These instruments, because they are radioactive, need more recalibration and maintenance, as well as constant monitoring in order to keep them from dropping below their technical and safety specifications.

He added that the academy, in cooperation with the Ministry of Energy and Mineral Wealth, Jordan University, and similar institutions and under the direction of the International Atomic Energy Commission, is planning to assemble a national team that specializes in the maintenance of nuclear instruments and to establish a special laboratory for their maintenance and recalibration. A number of the academy's engineers have been enrolled in relevant training programs, and in preparation for implementing this import project, information is being gathered on the different types of such instruments, their availability, and their uses.

He pointed out that the academy, in cooperation with the Prince Faysal Technical College, has begun an experimental program. In this program, 10 newly graduated electronic engineers will receive training in the maintenance of medical equipment. The engineers will then return to work in the private sector, where the need for such a specialty is pressing.

Chronic Pain Clinic Opens in Amman

93WE0079B Amman AL-DUSTUR in Arabic 5 Oct 92 p 2

[Article: "Chronic Pain Clinic Opens at Jordan University Hospital"]

[Text] Jordan University Hospital has opened a clinic for the treatment of all types of chronic pain. The clinic is the first such civilian medical facility in the kingdom.

Physicians define chronic pain as pain in any part of the body that does not respond to treatment within 6 months.

Dr. Bashir 'Atiyat, chronic pain specialist at the clinic, discussed the value of the clinic and and its objectives with PETRA. He said that the clinic has a 95 percent success rate. The lack of certain medical equipment frustrates treatment of the remaining patients.

He added that the sooner patients are referred to the clinic after the first 6 months of treatment, the better their chances are of success. There is an 85 percent chance of success for cases referred to the clinic after the period of traditional treatment, but the rate of success decreases over time.

He said that the role of chronic pain clinics begins after 6 months of traditional treatment. The clinic performs necessary laboratory and medical tests to identify the pain, pinpoint its location, and prescribe a course of treatment.

He added that specific care and follow-through depends on each case and that treatment varies from arresting the nervous function of the painful area, to treating the central nervous system, or to using battery-operated instruments that are placed at the location of the pain and used by the patient 24 hours a day. Patients may also be treated with various pain-relieving sedatives or with Chinese acupuncture. The hospital does not yet have acupuncture equipment, but is expected begin acquiring some in the next few months. He explained that the hospital is already equipped with 80 percent of the instruments needed for examination and diagnosis.

Dr. 'Atiyat said that a lack of response to treatment can be caused by changes in the functions of certain brain cells, which become reactive to the pain and have a negative impact patients socially and psychologically, affecting their behavior and inducing use of dangerous drugs that undermine their productivity.

He said that during the first six months of treatment, primary care physicians should refrain from prescribing addictive drugs or painkillers that have negative effect on brain cells.

He said that referrals to the clinic are currently modest because not many patients or their physicians know that a facility of its kind exists at Jordan University Hospital. He asked physicians to not hesitate to refer cases that have not responded to 6 months of treatment. This will serve patient's interests by not wasting a great deal of time and effort.

MOROCCO

Health Minister Harrouchi on Proposed Changes in Health Care

93WE0320A Casablanca LA VIE ECONOMIQUE in French 19 Mar 92 pp 3, 4

[Interview with Professor Abderrahim Harrouchi, minister of public health, by Fahd Yata; place and date not given: "Fundamental Reform of Hospital System"]

[Text] The public health sector is currently in the spotlight. That is only temporary, but the fundamental reforms and actions being undertaken could radically—and beneficially—modify everything that bears on the health of the citizenry.

The same is true for health insurance. And the same is true for the restructuring of the hospital system. To discuss these issues, Minister Harrouchi gave us an exclusive interview...

Yata: What are the most important and most urgent actions your department has taken since you were named to this position?

Harrouchi: After identifying the principal causes of dysfunction in the health care system, the ministry began to implement a number of corrective measures aimed at immediate improvement of emergency care services. That necessitated reorganization—allocation of substantial material and human resources, the latter highly skilled. In the second place, we took steps to furnish all the hospitals with adequate medical supplies. It has been more than a month and a half now since shortages of medications, plasters, and ligatures have been a problem, although they were a problem for some years.

At the same time as we were taking these two actions, it was also necessary to make immediate improvements in hospital administration, put certain changes into effect, and develop new procedures.

These initial corrective measures have had real impact. They have had results that I think have been appreciated by the people. Even so, they are not enough to solve the basic problems we find in the health sector.

Yata: Are you saying that now, after taking steps (highly publicized in the media) to deal with problems that required urgent reform and rectification, you have begun to attack the structural causes underlying the imbalances affecting the sector?

Harrouchi: We gave a great deal of thought to this, and out of it came the realization we had to reform the hospital system, in fact the health care system in general. There are five reasons for this.

The first is linked to the question of medical coverage. As you know, health insurance at the outset will cover 50 percent of the population.

The second reason stems from the danger that once health insurance is a reality, financially solvent citizens will gravitate (either directly or as a result of coverage provisions) toward the private sector, leaving the neediest to be cared for by the [public-sector] hospitals. Now a hospital that treats only indigents may be doomed from the start, unable to carry out its public service missions in the areas of care, training, and medical research and development.

The hospitals must be modernized and put back into shape, in order to compete with the private sector.

Yata: So there was a risk our hospitals would be turned into hospices?

Harrouchi: Exactly, and it was just to avoid such a turn of events, which could destroy the hospitals, that this reform was undertaken. And this brings us to the third reason. As we know, the hospitals are financed exclusively by the state. No matter how much the state pays—even if should double or triple the health budget—it will never be enough, given the constantly increasing demand for care and its steadily rising cost. So there is always going to be an imbalance.

The 1991 survey of household spending patterns showed, in the health domain, that 59 percent of high-income households were not paying for their hospitalization, whereas 25 percent of the poorest households—those with annual incomes of less than 3,000 dirhams, in other words less than 280 dirhams per month—25 percent of this group had to pay! That is unjust. The notion of free care has been abused to subsidize people able to pay, to the detriment of true indigents. So we had to reestablish justice and equity in this domain.

The fourth reason has to do with hospital infrastructure. The infrastructure has inadequacies that must be alleviated and important needs that must be met: It is estimated that 13,000 [new] hospital beds and 1,500 health centers will be needed between now and the year 2000. That is equivalent to 1,800 beds and 100 health centers per year. At current prices, the state would have to spend 19.6 billion dirhams per year to meet those targets! Don't expect any time soon the health minister will be in a position to request or obtain such sums to meet the country's health needs. So we must think of mechanisms of partnership and substitution that will backstop and complement the role played by the state.

Finally, the fifth reason for this reform is that human resources—people—absorb 70 percent of the budget. The fact that such a large chunk is devoted to salaries shows that health personnel are the sector's primary asset, the ministry's most important "means of production." But our personnel have been unmotivated and apathetic for some time. So we must find ways to improve their productivity, their profitability. What good is it to renovate the hospitals, equip them, and extend coverage, if health professionals don't give their utmost?

Yata: All these reasons seem pertinent and well thought out. But it's often said the Health Ministry's budget is so inadequate all efforts are doomed to failure. What do you say to that?

Harrouchi: I can respond in three ways.

First of all, when a budget is insufficient and there is a shortage of resources on the ground, is this really because of budgetary limitations, or because budgetary resources are not being used wisely? Hospital administration today is characterized by considerable waste and poor utilization of available resources, both material and human.

With regard to supplies, for example, we pay high prices today for goods of poor quality, and even then we don't have guaranteed availability. This is true over the entire hospital system. The public sector doesn't know how to purchase wisely.

Second, as we have already mentioned, no country's health budget will ever be really enough. Medical needs are dictated by the actions of individuals, which can never be predicted. And those needs are unlimited, theoretically at least. It is not without reason that all health systems, even in the United States and France, are extremely costly and operate in the red.

We must find other solutions, because the health problem cannot be solved simply by augmenting the budget.

Yata: Perhaps we can take a closer look at this reform to get a better idea of the elements of which it is composed.

Harrouchi: Indeed. The elements are five in number. The first concerns the financing of health care. Free care has served to subsidize people who have employee coverage or who are able to pay for their own treatment. We intend to replace the concept of free care with a system based on the patient's ability to pay. Care has a cost, and it must be borne by someone. Those who can afford to do so should pay for the hospital services they receive. Insurers should pay the costs for those who have health insurance. But the cost of caring for real indigents, the truly destitute, will be borne by a national solidarity fund to be financed by subventions from the Ministry of Health, payments from the local communities (which must participate in maintaining and financing the infrastructure), and proceeds from certain taxes that should enure to the benefit of the health system, such as those on medical supplies and tobacco. When we considered the fact that in 1991 we consumed 715 million packs of cigarettes, a tax of 10 or 15 centimes per pack would represent a considerable sum, knowing too that cigarettes have a number of harmful effects; the fund could also be financed by donations, legacies, etc.

Yata: But in principle we don't directly earmark proceeds of a given tax, and your proposal might "rile" the Finance Ministry. Also, the concept of indigence poses the problem of determining criteria and designating particular individuals as indigents. It's certainly safe to say abuses are often committed in this area, and there are a large number of false declarations of indigence.

Harrouchi: Exactly! Concerning the first point, I can tell you that the policy of no direct earmarking is no longer operative today, because taxes have been earmarked for the highway fund, and in any case the above-mentioned project is being drawn up with the active participation and concurrence of the Ministry of Finance.

As for designation, we will have to find criteria to define indigents and probably to identify different categories of indigents. The concept is relative, actually, and depends on the size of the bill. A person might be in a position to pay for a consultation or radiological examination, whereas the cost of hospitalization would be too onerous. This is why we envisage defining two categories of indigents: those who will have a card entitling them to treatment at no cost, and those for whom the fund will pick up 60 or 70 percent. Once criteria have been defined, cards will be prepared and issued to indigents by local authorities. This is why it is absolutely essential for local community governments to pay a part of indigents' expenses, to discourage "wild" or uncontrolled distribution of these cards. National solidarity should not enure to the advantage of the rich. It should be truly equitable.

The principle underlying the reform of health care finance is to provide high-quality care free of charge only to those who are actually needy.

Yata: What you have said, Mr. Minister, implies quite clearly that fees charged in public hospitals will be revised. Isn't this going to mean a significant hike in the cost of public-sector health services?

Harrouchi: Certainly. But plans have been made to do this in tandem with the companion measures that go along with health insurance. We're going to have to revise the classification of services in order to prepare a new rate schedule that will not be the same for public and private sectors. Rates in the public sector will continue to be much lower than those in the private sector. However, they will be higher than today's rates. Currently, a day's hospitalization comes to 40 dirhams. That is not enough to allow the hospital unit to acquire the resources it needs to improve services and become competitive.

Revision of the service classification scheme, rates, and the administrative machinery. Where health insurance is concerned, the goal is not to generate new resources but rather to put machinery in place to control spending. In that regard, the interministerial commission charged with the task of studying this reform is considering a number of ways to control expenses, to protect the system from excessive inflation. The latter generally arises as a result of rate fixing but also as a result of medical overconsumption, etc.

Yata: So there is a close link between reform of the health care system and the plan to establish mandatory medical coverage?

Harrouchi: These two reforms are parallel and concomitant. They complement each other.

The second point of this reform concerns altering the way the various hospitals are administered. Hospitals will have to adopt modern management procedures and methods, and they must be administered by personnel adequately trained in what is after all the science of hospital administration.

The objective is control of resources by and for rational management. The third element is renovation and modernization of the existing network. Some 60 percent of our hospitals are more than 30 years old, and 70 percent

of the equipment is close to 20 years old, whereas the average service life of such equipment is rarely more than a decade. For these establishments to be competitive, we must renovate buildings, modernize equipment, remedy inadequacies.

This renovation will have (and is already having) greatest impact on rural and suburban areas—all the dispensaries (1,600 of them), plus the health centers in the same areas, and the hospitals. It will take about four years to accomplish. The cost is 100 billion centimes. That's how much will be needed to ensure the competitiveness and solvency of the hospitals, once the new rate schedules go into effect. There's no way we're going to make hospital patients pay for poor-quality service.

Yata: How much money will be appropriated each year for this purpose?

Harrouchi: For the 1993 fiscal year, we have already decided not to build anything new but instead to use the funds for the renovation of buildings and equipment. The sum of 170 million dirhams has been allocated for that purpose this year.

Morocco has only 30,000 hospital beds, yet 40 percent of the bed capacity is not utilized. Average occupancy rates are on the order of 55 to 60 percent. That means these hospitals cannot pay for themselves. Before building new infrastructure, we are first going to make the facilities already in existence solvent.

As the fourth element of the reform, we envisage between now and the year 2000 making health coverage available nationwide, to meet the needs of the people, and correcting the imbalances that exist between urban and rural areas, between developed and less developed regions.

In the past there was no planning, no regulatory or statutory mechanism to control the services offered. This is the reason we are in the process of developing the health card as a basic planning tool. It is the only way to avoid overconcentration of major facilities in certain regions.

The reform thus implies that extension of health coverage calls for other partners. The private sector, for example. It has an essential role to play. We note, however, that the private sector accounts for only a very small portion of hospital beds—just 7.7 percent nationwide.

Construction of private hospitals has been a function of market demand, so these establishments are found only in regions and cities where purchasing power is concentrated. Thus, if we want the private sector to play its role in hospital care, as it already does in out-patient treatment, incentives must be provided to encourage the private sector to invest in medically under-served regions.

The local communities too will be active partners in the construction of small hospitals and health centers, as needs are identified by the Ministry of Health and the local communities.

We also want financial participation from outside the medical community—from banks, insurance companies, regional and local associations, etc.

With everyone's participation, we think we can extend health coverage by the year 2000.

Yata: So demagogic rhetoric must be avoided?

Harrouchi: Exactly. No demagoguery, just realism. The final element of the reform is improvement of personnel productivity, with the help of a number of measures, including hospital profit-sharing schemes in the form of productivity bonuses. Some hospital revenue can be redistributed in accordance with criteria that have yet to be formulated. We also envisage upgrading nurses' pay, because at present their salaries are much too low. And we must upgrade the profession of public health physician. Some doctors do their work grudgingly, waiting for their contracts to expire so they can set up in private practice. Now you can't build a public hospital system with morose people whose loyalty you don't command. This is why several measures are being considered to upgrade the profession of public health physician, particularly their status, their access to hospital staff positions, even the possibility for some of being provided their own permanent facilities, like educators.

Another element is to rationalize the distribution of community doctors, of which there are about 1,000. We currently have 1,200 dispensaries that are without a doctor. There is an obvious complementarity here, one which we should exploit.

Finally, we are thinking about the possibility of hiring part-time doctors, to serve at the health centers and hospitals.

Yata: One very recent high-impact measure was just announced by His Majesty the King in the speech from the throne. This is the extension of medical coverage to a larger portion of the population. What are your plans to implement this?

Harrouchi: It could be said Morocco has lagged behind somewhat in this field, in terms of the social safety net, especially in health insurance. This delay will be of some advantage, insofar as it allows us to avoid mistakes made by other countries and profit from their experience. This is why health insurance, as His Majesty said, must be extended step by step, initially being extended to 50 percent of the population. Moreover, the first stage will be limited to basic medical coverage, with a reimbursement rate somewhere near 50 percent. So it is a system that is going to be mandatory, based on what already exists (which will be improved). Extension of coverage and the reimbursement percentage will be increased very gradually.

But we cannot conceive of a system extended to the entire population until a larger portion of the population is employed. Otherwise, we would be asking a minority to pay the bills for too large a majority.

Yata: What are the key ideas that will determine the final shape of the health insurance plan?

Harrouchi: Health insurance will have to provide high-quality care—as good as, if not better than, what exists now. The system must be financially affordable and not too great a drain on the state, which is going to pay a share of the cost of administrative personnel. The system we want to establish will thus emphasize high-quality care backed up by effective management.

Yata: Certain fears have been expressed about wage withholdings, especially employer withholdings for health insurance. What's going to happen, and when will it go into effect?

Harrouchi: It is very likely that withholdings, once current studies are completed, will come to about 6 percent of wages. The wage-earner's share will be one-third, the employer's share two-thirds. But this is still under discussion, notably at the level of the interministerial commission. Once details are finalized, there will be discussion and dialogue with all the social and economic partners, health professionals, etc. Everyone will have a chance to be heard.

As for the date when it enters into force, I hope this mandatory system will go into effect before the end of 1993. It is a complex undertaking, and a very costly one. That means it is very important to avoid taking any precipitate haste.

We are setting up a system that will be in force for decades to come, so we must take the time to do it right.

SAUDI ARABIA

Minister of Health on Hospitals, Manpower, Cost

93WE0242A Jeddah AL-MADINAH in Arabic 2 Feb 93 p 7

[Interview with Saudi Minister of Health Faysal al-Hujaylan by Ahmad al-Muhandis; place and date not given]

[Text] Minister of Health Faysal al-Hujaylan, as customary of him, has been generous and sincere with the country's press and the media.

He spoke to us in the contemporary language of facts and figures. He expressed no reservation regarding any question or topic. He spoke with total frankness and sincerity. He did not complain of the length of the questions or of the interview, despite his preoccupation, his work load, and his duties.

We have been able to obtain from him, in journalistic language, several press exclusives for AL-MADINAH and its readers. It has been a close-up in which figures, pictures, and facts have spoken.

As a man and as an official, the minister of health needs no introduction. The work he does and the efforts he makes for this humanitarian [health] sector are eminently tangible. His dealing with the public is a source of pride and has won him their friendship. In this interview, we will focus on the state of health in the country and on the achievements that have been realized, to the extent that Saudi Arabia, with the equipment and facilities it possesses, has become the capital of medicine in the Middle East and the world.

With sincerity and objectivity, His Highness talked a great deal about the positive and negative aspects of the health sector. He gave us much good news. He opened his heart and mind for us and spoke with his customary frankness.

Al-Muhandis: How do you, from your position of responsibility, evaluate the role the hospitals and national public clinics are playing?

Al-Hujaylan: The ministry considers the public health services sector an auxiliary sector that some people use voluntarily. The ministry controls the public health service. It issues permits for opening health service centers if it is proved that they are useful and beneficial for the citizens. The ministry oversees their operation through the Directorates of Public Health Services. We consider the public health service sector as one of the investment opportunities the state has provided for the citizens. Some of these centers provide quality services that facilitate care for people who are seeking treatment.

Al-Muhandis: Would you give us an idea, in facts and figures, about the development that has been achieved in the kingdom?

Al-Hujaylan: Health services in the kingdom have developed and expanded. The level and quality of treatment the health services provide for the citizens make it unnecessary for citizens to travel abroad in search of treatment. Citizens find whatever medical services they might need, including organ transplants, such as hearts, kidneys, and corneas. Such services cover all parts of the kingdom, including nomads, villages, and towns. We now have a network of health centers that cover the entire kingdom. They represent the first tier and backed by the public hospitals as the second tier. A number of specialized hospitals make up the third tier. In the language of figures, the ministry has 171 hospitals, with a total number of beds exceeding 27,500, and 1,700 primary health care centers.

Al-Muhandis: Does your excellency believe that we are still in need of more public hospitals and clinics, or is the present number sufficient? If that is the case, will the issuing of licenses be stopped?

Al-Hujaylan: I believe that the question is not one of sufficient numbers or otherwise. This question is viewed

from the concept of need, feasibility, and usefulness for the citizen. If there is a need, then we will continue to open more health utilities while maintaining the present quality and high standards. The ministry takes this into consideration when it is asked to open any health facility. The number of health facilities in the major cities is sufficient. Therefore, the question of issuing new licenses for the cities is under consideration.

Al-Muhandis: In your opinion, what are the negative or otherwise aspects of private hospitals and clinics?

Al-Hujaylan: Although humanitarian in nature and serving a lofty objective, some private clinics do get involved in some negative actions in their dealings with patients. But the citizen has the right to deal with them or seek treatment at government health facilities that are all over the country. I believe that the existence of primary health care and the referral system have saved citizens much difficulty in having to travel far from their residences in search of treatment.

Al-Muhandis: What about the positive and negative aspects of the public health sector? Are you satisfied with the level of health service in it?

Al-Hujaylan: The standard of health service achieved is no secret to anybody. Many friends and brothers flock to the kingdom in search of treatment. As I have said in an earlier statement, after King Fahd Medical City in Riyadh is completed, Riyadh will not only become the medical capital of the Middle East but also of the whole world. However, negativism and positivism are found any human action, with the difference in the personal concept of negativism and positivism. Pleasing the public is an unattainable goal.

Al-Muhandis: Is there anything new? What good tidings would your excellency like us to convey to the citizens and residents regarding the health sector in the kingdom?

Al-Hujaylan: I believe that King Fahd's project for the establishment of 2,000 health centers represents good tidings. It is the health event that I believe is the most important for the health services infrastructure. This is in addition to the giant King Fahd Medical City, which is under construction. It includes five hospitals and a national center for kidney transplants. These include a general hospital, a children's hospital, a maternity hospital, a pathology hospital, a medical qualifications hospital, and the national center for kidney transplant, with a total of 1,452 beds.

Al-Muhandis: There have been many complaints about the fees of private hospitals and clinics. Some people have exaggerated their complaints. How do you view this matter, and how can it be treated? Is there a fee list that should be adhered to?

Al-Hujaylan: The question of prices in the private sector is left to competition. That is, it is left to every private health facility to fix the fees of treatment, tests, and any other medical services it offers to those who use them. The facility, however, should submit a list of its fees and prices to the area Directorate of Health Affairs for approval. It becomes binding and cannot be increased. The list should be displayed in a prominent place so that anyone can see it. The patient has the right to see the price list before availing himself of the medical service. But what happens is that the citizens go to the private health facilities without asking about costs. When a patient is given the bill, he complains about the price. In our view, the solution to the problem rests with the citizen himself. It is up to him to decide where to get medical service. If he wants to receive it free of charge, public health services are open to him, and if he wants to pay, then the private sector's fees and charges are posted in prominent places. The ministry is anxious to follow up every complaint and investigate it. If it is proved that a violation has been committed, then the law will be applied against the violator.

Al-Muhandis: We are still in need of trained health cadres, such as nurses and physicians' assistants, in order to "Saudi-ize" the health service. How can this be overcome and what has the ministry prepared both for the present and the future?

Al-Hujaylan: The need for medical cadres of all specialties and categories still exists and will continue to exist as long as providing health services, expanding these services, and improving their performance is ongoing. The ratio of non-Saudi workers in health utilities in the field of auxiliary health positions to the Saudis is much higher. But now the ministry is implementing a large scale plan for the training of Saudis. It is as follows:

- The establishment of health institutes for boys and girls. Health education in the kingdom began early, since the first health institute was opened in Riyadh in 1378 HG, 1958 AD. The number of health institutes has increased year after year. The number of institutes has reached 37, of which 17 are for boys and 20 for girls in various parts of the kingdom.
- Branches for the health institutes attached to hospitals have been opened. They follow the same curricula as those of the health institutes. The students have the opportunity to train. They are supervised by hospital workers.
- Special programs have been devised for training in specialized fields, such as hospital management. There is also a masters degree program in administration sciences at King Sa'ud University. The graduates of this program work in hospital management.
- There is also a program for hospital management at the diploma level. This program is being taught at the General Administration Institute.
- There is a program for retraining graduates of secondary schools and certain university specializations.

Also, the fellowship program, the gynecology studies program, and the program for specialization scholarships all come under the training of Saudi cadres program, which contributes to providing qualified and trained manpower. It is worth noting that a number of

our hospitals have been considered training centers for obtaining medicine fellowships in various medical specialties. This is evidence of the high standard of health services in the kingdom. Preparations are also under way to open three medical colleges—in al-Dammam, al-Riyadh, and Abha. I hope that they will be open in the 1413-14 HG, 1993-94, scholastic year. This is in addition to the faculties of medicine, applied sciences, and pharmacology that the universities provide. The future augurs well, and the output of medical colleges is increasing year after year. Perseverance spells success. But the vastness of the kingdom, the comprehensive nature of medical services, and the multiplicity of services have created an increasing need for preparing medical cadres of various specialties.

Al-Muhandis: What about the Saudi doctors, both male and female? Why is there a shortage in these national cadres, and why do some of them go to work in the private health sector?

Al-Hujaylan: The vastness of the kingdom, the comprehensive nature of the health services, and the variety of their types, create an increasing need for health cadres, including doctors. Imagine the need for manpower for the 171 hospitals in the Health Ministry alone, with 2,750 beds and 170 primary care centers. But the number of qualified cadres, including doctors, is increasing. As I have already said, the number of Saudi doctors in medicine faculties, specialized programs, and fellowship programs is 13.3 percent of the total number of doctors in the kingdom. They total 2,257 Saudi doctors, and the number of Saudis in the nursing field totals 4,661 nurses, both men and women, that is 9.3 percent of the nursing staff in the kingdom. It is continually increasing, and the future augurs well, God willing.

With regard to what is being said about Saudi doctors going to the private sector, there is no such a thing. What exists is a search for better opportunities. The private sector supports the ministry's services. Whether working for the ministry or in the private sector, the Saudi doctor offers his services to the country and to his compatriots. It is beneficial to have Saudi doctors in the private sector because it strengthens the health services commitment and enables it to play its role more effectively.

Al-Muhandis: What role does the Ministry of Health play with regard to private hospitals? Does it stop at the issuing of licenses [to build hospitals], or there is follow-up and evaluation of their work?

Al-Hujaylan: The Ministry of Health continually helps the private sector from the moment a license is issued. It gives advice to license applicants and determines the feasibility of opening a health facility, its use for the citizen, and the need for its services. It also monitors the performance of the health utilities and follows up complaints by citizens concerning the services offered by the public health utilities.

Al-Muhandis: There are too many drug firms. This might be in the citizen's interest, but it is observed that drug prices vary. Some drugs are not available in the market, which is harmful for the patient. What is your opinion of this situation, and how can it be dealt with?

Al-Hujaylan: The high cost of drugs is due to currency rates fluctuation. Moreover, the cost of drug production is high in the country of origin. Still, the ministry tried to peg drug prices for a whole year. The claim that some medicines are not available is wrong. Alternative medicines are available. If one kind of medicine is not available, substitutes are. It is the responsibility of the treating doctor to prescribe substitute drugs if a certain brand is not available. The patient's insistence on a particular drug creates the impression that it is unavailable.

Al-Muhandis: Is there coordination between the GCC [Gulf Cooperation Council] countries in the health sector? If the answer is in the affirmative, what is it like, and how can citizens benefit from it?

Al-Hujaylan: Coordination in the health field between the GCC countries does exist. There is a unified policy for buying medicines. There is coordination in certain health programs, such as combating certain diseases, a health enlightenment program called "Your Safety," children's health research, and health planning, all of which are beneficial for the GCC citizens.

Al-Muhandis: What has the ministry done with regard to industrial sector, such as the national medicine manufacturing companies? Are they being given protection and facilities to enable them to grow and to encourage this industry?

Al-Hujaylan: Issuing licenses to drug manufacturing companies is not the ministry's prerogative. The government supports, helps, and encourages the national industries. It obliges its utilities to obtain their medical supplies from the national drug manufacturing companies, from which the ministry obtains medical supplies. The ministry also obtains its supplies from national factories that manufacture medical supplies, such as plastic needles, medicinal cotton, and other items. The national companies must continually reduce their prices in order to compete with world prices.

Al-Muhandis: How do you view criticism directed at the ministry and the health sector in general?

Al-Hujaylan: We welcome constructive and unprejudiced criticism. We consider it helpful in attaining a high standard of performance in the ministry's health facilities and the private sector. But we want to ensure that the criticism is objective, serious, and correct. It is necessary to know the implications of the subject of criticism before criticizing and the views of the criticizing party.

Al-Muhandis: Why is the number of beds in government hospitals insufficient, especially in certain specialized sections, such as ophthalmic hospitals?

Al-Hujaylan: There is no such thing as too few specialized beds. The fact is that the number of beds assigned

for any specialty is governed by controlling factors, such as the needs of the area or the city and the existence of an opthalmological hospital in the same area. For example, where there is an opthalmological hospital, there is no need to assign a large number of beds for these patients. This also applies to other specializations.

Al-Muhandis: Many of those who report to government hospitals complain of the amount of time it takes to get an appointment. Why is this so, and how can the problem be overcome?

Al-Hujaylan: The question of appointments is governed the patient's state of health. There are cases that are not urgent, and there is no harm in delaying them in order to give a chance to the urgent medical cases. It is the doctor who determines the case. For example, nonurgent surgical cases can be postponed for a month so as to provide the opportunity for operations to be performed on patients whose health conditions call for priority treatment.

Finally, the minister said: "There is no doubt that setting up primary health care centers and implementing the referral system have been among the most important achievements. Alongside this, there is the development of preventive services, such as the immunization of children and curbing contagious diseases. The building of a network of modern hospitals, both general and specialized, is considered to be remarkable achievement that has elevated health care for the citizen to new heights. Major projects are also underway. King Fahd medical city in Riyadh and al-Khalij Hospital in al-Dammam will be major achievements when completed and become operational. King Fahd's project to build 2,000 medical centers is a giant project that will consolidate the infrastructure of health services in the kingdom."

"It is worth noting that the ministry, after completing building the health care infrastructure, will devote attention to developing the standard of performance and laying down specific regulations for the operation and maintenance of equipment and medical tools. It will also formulate policies for training and continuous education of manpower, and because the Saudi citizens are this nation's treasure, its development and benefits are dedicated to them so that they will live happily ever after!"

Diabetes Kills 60 Saudis Each Day

93WE0188A Jeddah 'UKAZ in Arabic 4 Jan 93 p 17

[Report: "Head of Diabetes Center: 1 Million Citizens Are Diabetic; Diabetes Kills 60 Citizens Daily"]

[Text] There are a million diabetics in the kingdom, and 60 Saudis die of diabetes complications every day, according to Dr. 'Abd-al-'Aziz Ma'tuq Hasanayn, director of the Diabetes Center at King Fahd Armed Forces Hospital in Jeddah. He said that diabetes afflicts 9 percent of the population, which means that nine out of every 100 Saudis are diabetic.

He added: "This ratio is too high, no doubt, when compared with certain other countries. In the United States, for instance, there are only 12 million diabetics out of a population of more than 200 million. Of those, diabetes claims the lives of 300,000 annually.

"A comparison of diabetic mortality rates shows that ours is extremely high, despite the availability of care. Patient services are on par in both countries."

Why, then, is diabetes so widespread in our country?

Dr. Hasanayn said that "the reasons are simple. A European or an American diabetic is active, physically fit, and on a regular diet. Our patients, unfortunately, move little, do not engage in sports, and depend on servants, elevators, and automobiles in their work and travel. They tend to rest, sleep, and eat a lot."

He said: "There are many diabetics, but there are few diabetes centers. A situation where diabetics do not receive full care and attention cannot be condoned. This level of care is being provided, thank God, by the Diabetes Center at the Armed Forces Hospital and by the Diabetes and Hypertension Center of the Ministry of Health. I believe that the country, over the next 10 to 15 years, will need 100 dialysis centers, 100 centers for eye surgery, 100 cardiology centers, 100 centers to care for strokes and the disabled, etc.

"All of this is because of diabetes and its complications-...but we hope we can soon reach the point where we can ward off such complications."

Of the services provided by the center since it opened 6 months ago, Dr. Hasanayn said: "Four diabetics consulted the center, and, thanks to God and the availability of a limb specialist, the four have been able to keep their feet. It is a fact that in most cases, diabetics have to have limbs amputated because of gangrene."

He added: "An ophthalmological clinic run by the hospital's chief ophthalmologist, Dr. 'Abdallah 'Abd-al-Badi', is open 2 days a week to examine all patients, even if they have no complaints about their eyes. Every diabetic has a retinal image made for his file once every 6 months.

"The center also has a dental clinic where all diabetics are examined, whether or not they have complaints. Diabetes destroys teeth.

"A pediatric diabetes clinic is held every Friday. A pediatrician and a diabetes specialist join in supervising and caring for diabetic children under 12 years of age. The number of patients at this clinic rose from one child a week in the beginning to an average of 27 children now.

"There is also a diabetes clinic for pregnant women. Gynecologists join forces with diabetes and child-birth specialists every Monday to care for pregnant diabetics. Thank God, a diabetic women, if under constant and proper care, can have a safe pregnancy and give birth to a whole and healthy baby....

"An obesity clinic began its operations at the center 2 months ago to treat the overweight, whether they are diabetic or not. Each case is examined and treated individually with exacting computerized regimens of diet and exercise. Patients will lose weight gradually if they follow their personalized regimens faithfully and regularly.

"There is a plan to build an exercise room where patients will engage in suitable workouts.

"The center also boasts a specialized testing laboratory where only diabetics may undergo cholesterol, triglyceride, and other routine analyses."

How about educating patients? Dr. Hasanayn said that "there are audiovisual and audio educational aids, as well as pamphlets, billboards, bulletins, and books that are distributed to the patients. There is also individualized direct education through classes. A group of patients meets with a group of physicians to ask any questions they want. In other words, we bring patients and doctors together in mini-seminars."

On the care of patients at home, Dr. Hasanayn said: "Diabetics treated at the center are loaned test instruments to take home for their personal use. On the patient's return to the Center, his instrument is plugged into a computer and its stored readings are downloaded into his file. This is how we retrieve all the analysis and data we need to give patients optimum care."

Dr. Hasanayn concluded by saying: "We are constantly working to attract high quality personnel to our center. For instance, we have four nurses who specialize in diabetes. The head nurse came to us from London's Hammersmith Hospital, which is internationally recognized for its medical facilities and research on diabetes."

Armed Forces Hospital Expansion Inaugurated

93WE0293 Jeddah 'UKAZ in Arabic 22 Feb 93 p 5

[Article by Mahdi Abu-Fatim]

[Text] Riyadh—Prince Sultan Bin-'Abd-al-'Aziz, second deputy prime minister, minister of defense and aviation, and inspector general, sponsored the inauguration Sunday of the expansion of the Armed Forces Hospital in Riyadh.

Upon his arrival at 1430, the prince was received by General Muhammad Bin-Salih al-Hammad, chief of staff; Lieutenant General Ahmad al-Buhayri, Air Force commander; Lieutenant General Salih al-Muhahya, land forces commander; Lieutenant General Talal al-Mufaddi, the Saudi Royal Navy commander; Major General Dr. 'Abd al-Hamid al-Fara'idi, director general of the Armed Forces Medical Services; and Major General Dr. Kitab al-'Utaybi, director of the Armed Forces Hospital in Riyadh.

Immediately upon his arrival at the hospital, the prince unveiled the memorial plaque and then cut the ribbon, thus signaling the inauguration of the expansion.

Prince Sultan Bin-'Abd-al-'Aziz then proceeded to the location where the celebration of this occasion was being held. The celebration began with a reading from the Koran. Then Maj. Gen. Dr.'Abd-al-Hamid al-Fara'idi, director general of the Armed Forces medical services, delivered a speech in which he reviewed the progress of the military hospital since it was opened in 1396 HG [1976 AD] with modest resources and the development of these resources during the past 16 years, thanks to the unlimited support of His Highness the second deputy prime minister, minister of defense and aviation, and inspector general, and his deputy up to the time it evolved into a major medical facility.

Continuing, he said: "Today we have the honor of inaugurating the hospital's new expansion, which adds yet another medical landmark that provides medical services to more than 512,000 patients a year. With this expansion, Your Highness, you inaugurate a new chapter of national development in which the Ministry of Defense and Aviation has been and still is the leading champion. You have also added yet another gesture of generosity, which you kindly bestow upon your citizens."

He was followed by Brigadier General Engineer Sa'd Bin-Hamad al-Rumayh, director general of military works, who explained the project's features:

"It gives me the honor on this blessed day to welcome Your Highness and your honorable companions as a sponsor of this ceremony to inaugurate such a giant medical building. You have foreseen, God protect you, the need to expand the hospital, the reputation of which has been highlighted by the media and which has acquired worldwide fame. It stands at the forefront of scientific and medical achievements. Many people come to this hospital in search of treatment. Your Highness, the following are details about the hospital:

- "First: The main building consists of 11 floors, totaling 46,158 square meters, with 184 beds, in addition to six resuscitation rooms. This can be doubled when necessary because all of the necessary equipment is available. The building comprises 15 electrical systems, with a total cable length of 700 km, and 19 mechanical systems. The building has been provided with the latest medical equipment, with the number medical equipment and auxiliary equipment totaling 5,742 items. Some of this equipment is being used in the Middle East for the first time. Although the number of patient rooms totals 184, the total number of rooms is 1,107, including seven rooms for administration, nursing, depots, security, and everything that is needed to serve the patients. The building is also equipped with a kitchen that is capable of preparing 400 meals an hour. The building is also provided with four operating theaters. These

rooms are connected to a central medical oxygen system, oxide nitrogen (pressurized medical air), anesthetic equipment, facilities for watching patients' conditions, and a complete lighting system. There is also a helipad on the building's roof and a special elevator for this purpose.

- "Second: The cardiology center.
- "Third: A multistory parking garage for 800 cars.
- "Fourth: A complete laundry plant to serve the project."

"Your Highness, you have also approved putting the first-aid wing out for bid. The envelops that contain these bids will soon be opened, God willing."

He said that "these installations have been designed and executed according to the highest standards of engineering and medical sciences. These scientific, architectural, and medical achievements are only a few examples of the efforts to combine construction achievements with other achievements by our armed forces. This no doubt demonstrates the interest, the care, and the perceptive guidance of the leader of our march, the Custodian of the Honorable Two Holy Places, Supreme Commander of the Armed Forces, King Fahd Bin-'Abd-al-'Aziz and his loyal crown prince. It is also thanks to your supervision, guidance, and constant support for the armed forces, may God preserve you and guide you to the right path."

Then Engineer Major Muhammad Bin-Nafi' Abd-al-'Ala' presented a brief description of the project.

Then the first deputy prime minister toured the project. He saw one of the special wings and the unit for burn treatment. He also visited one of the patient's rooms and the special main wing. He then attended the tea party in his honor, after which Prince Sultan Bin 'Abd-al-'Aziz left the celebration hall and was accorded a warm send-off.

New Children's Hospital Slated for Jeddah

93WE0327A London AL-HAYAH in Arabic 27 Mar 93 p 15

[Article by Muhammad Jamal Itaby: "2.2 Billion Riyals in Saudi Private Sector Health Care Investments; 100 Million Riyals for New Children's Hospital"]

[Text] Dr. Sulayman Faqih said that he will need a loan from the government for the private children's hospital he is presently establishing in Jeddah on 500 square meters of land, with a planned 250-bed capacity and at a cost of 100 million riyals. He believes he stands a good chance of obtaining it since another 500-bed hospital, which opened in 1987, was granted one, and the funds used to build a second extension at a cost of 42 million riyals. Additional funding will be provided by one of the banks that has already come forth with various financing programs, as well as self-financing by the hospital itself.

Last year's figures show that Saudi health care investments in the private sector amounted to 2.25 billion riyals. "Our hospital represents a fifth of the total investment, or 450 million riyals," Dr. Faqih specified, adding that total drug expenditures alone reached 150 million dollars annually. He noted that his hospital's profit margin does not exceed 10 percent.

He was motivated to open a hospital specifically geared to treat children because he believes that Saudi children are "short-changed when it comes to health care, whether in the public or private sectors. Children require a great deal of attention." A hospital should be pleasing to the eyes of a child, he explained, so that he is made to feel like he is inside a playhouse, not a medical center. He set out to implement his plans after visiting "a large number of children's hospitals in the United States, France, and Japan to learn about the latest advances in medical treatments for children and how those hospitals provide sick children with the right environment."

In answer to charges made by some officials that private hospitals have turned into first-rate business concerns, Dr. Faqih said, "There is good and bad in every profession and to say that mercenary attitudes exist in the field of private health care is not so improbable. I believe, however, that patients are capable of discernment and that the Saudi authorities are playing a decisive role in safeguarding medical integrity."

Informed that auditors had complained of mounting health care costs in his hospital, Dr. Faqih replied that his hospital always took care to monitor prices charged in other hospitals, first, then aligned itself on them, not the reverse. Moreover, he continued, his hospital offers "outstanding" care and "superb facilities." He also said that any service in his or any other private hospital in the area costs 25 percent of what patients have to disburse in any other hospital overseas, so that what is worth one riyal in Saudi Arabia would cost one dollar or one pound sterling elsewhere.

He stressed that his hospital boasts a number of rare specializations and that it has achieved world renown in some medical fields, notably owing to its great success in the areas of "test-tube babies and open-heart surgery," kidney transplants and treatment, and cancer treatment.

He said private hospitals in Saudi Arabia charge 50 percent less than comparable hospitals overseas, owing to the government's sizable support in the form of long-term loans, which help cut down on their overhead.

Salaries to hospital employees total 40 million riyals annually, he said; 60 million riyals are earmarked for other operating expenses, and profits average between 1.5 percent and 5 percent annually on deposits with the Riyadh Bank and the Commercial Popular Bank.

He said that 70 percent of surgical operations at his hospital have a fixed overall cost, listed with the Accounting Department and the Information Office. "If you were to compare the prices we charge with those of

any other hospital in the area, you would find that not only are they not higher, they are even lower, particularly in view of the far superior quality of our medical care and services."

Overseas patients are referred to this hospital for treatment, Dr. Faqih indicated. "Ten percent of the cases come from Bahrain, Kuwait, Qatar, Yemen and Pakistan, and 45 percent come from outside the city of Jeddah, particularly in the fields of in-vitro fertilization, infertility, and magnetic resonance imaging."

One of the obstacles facing patients from countries outside the Gulf Cooperation Council member states is the lack of medical visas. They use passes or come in as visitors because they are unable to obtain medical visas. "We are now trying to help patients who wish to come here for treatment secure medical visas. Also, patients from Egypt, Sudan, and Pakistan have a language problem when entering the country, and patients from Iraq and Algeria head for France and Great Britain, where treatment is likely to cost them a great deal more than it would here."

Rise in Price of Scarce Medicines

92WE0209K Moscow KURANTY in Russian 10 Oct 92 p 3

[Article by I. Irin: "Better To Be Healthy and Rich..."]

[Text] According to our information, the prices of a large number of scarce pharmaceuticals were recently raised by a considerable amount. In particular, the price of Ligalon, used to treat digestive disorders, was raised from 16 rubles to R1,870, while that of Birotek, prescribed to asthmatics, was raised from R4 to R1,200. It was reported to us that pharmaceuticals bearing the new prices have already reached some pharmacies—for example the Moscow suburb of Pushchino. But the population is not yet aware of the price change.

Unless the increase in prices is compensated by medical insurance or other means, the possibility is not excluded that this will become a serious problem to many. The fact is that the preparations that have increased in price are intended primarily for chronic patients, and naturally for permanent consumption. As an example, asthmatics must take up to four doses of Birotek a month. And the cost of treatment at the new prices will significantly exceed any pension.

Medical personnel have recently been associating the sharp increase in responses by emergency medical services to chronic patients with the shortage of pharmaceuticals. It seems that a desire to influence the pharmaceutical deficit is not the last motivation for increasing the prices. However, it seems that for the majority of people, the horseradish of higher prices will hardly be any sweeter than the radish of scarcity.

'Breakdown' of Russian Pharmaceutical Industry

93WE0209G Moscow TRUD in Russian 10 Sep 92 p 2

[Article by Nikolay Gogol and Viktor Gorlenko: "Beat Your Own So That Others Might Laugh: Today's Pharmaceutical Famine Is Only the Beginning"]

[Text] **The medical industry has been sick for a long time, as everyone has felt for himself: Elementary pharmaceuticals have disappeared, and people are dying in hospitals because of a shortage of infusion solutions and sutures. "A Country of Dying People!" (18 May 1991)—such was the title of a series of articles that were much like a "disease history" revealing the development of the medical industry's illness. Isn't it time to make a diagnosis?**

The Ferreyn pharmaceutical joint-stock company, which has its plants in the center of Russia, traces its history back to 1912, when a farsighted entrepreneur by the name of V. Ferreyn felt it would be profitable to invest his capital into the development of the Russian pharmaceutical industry. Infusions and ointments "from Ferreyn" captured the market rather quickly. We can't retell the entire history of one of our largest pharmaceutical enterprises, but it was precisely here that the first lot of penicillin was produced—a revolutionary step in the development of Russian public health. Manufacture of new medicines was being actively introduced at Ferreyn and modern business methods were being introduced until recent times.

At the time of the enterprise's reorganization as a joint-stock company, which occurred in August 1990, it had a work force of 5,000 persons, mostly highly skilled workers. Three plants in Moscow, two in Elektrogorsk and in Pavlovskiy Posad of the Moscow suburbs, and two in Stavropol Kray are making antibiotics, disposable syringes and test systems, manufacturing 4 billion rubles' worth of products. Not that long ago at all, Ferreyn workers had respectable salaries, and four residential buildings and two stores were under construction. The plants were undergoing remodeling. It seemed that by increasing production and creating new jobs, everything would go well for everyone—both those who manufactured the drugs and those who used them.

But what actually happened was the reverse. Today Ferreyn's warehouses have accumulated 750 billion rubles' worth of pharmaceuticals and disposable syringes! The enterprise has been forced to adopt a 4-day work week, wages have been cut 40 percent, and personnel reductions are under way.

For what reason? Why are the medical products not being sold? Suggestions that their quality might be unsatisfactory were dispensed with by medical personnel themselves. "We are suffering from a shortage of antibiotics. There isn't even a trace of Russian-made disposable syringes, which we have found to be fully adequate; we are barely able to provide humanitarian assistance"—that's what we heard, almost word for word, at several Moscow hospitals. Can you imagine what things are like at hospitals on the periphery? The explanation turned out to be quite simple: The medical institutions do not have the money to buy products of our country's medical industry.

This brings us to a most interesting thing. At the same time that just Ferreyn alone has products worth almost a billion rubles in its warehouses (with expiring shelf life), the Russian Ministry of Health is planning to spend 1.3 billion rubles in foreign currency this year to purchase medicines abroad. It's the same old reason—a shortage of pharmaceuticals. But what are the real economic reasons behind this choice?

"By purchasing ready-to-use medical preparations abroad," reasons E. Drachevskiy, general director of the Ferreyn pharmaceutical joint-stock company, "like it or not we are stimulating their pharmaceutical industry and destroying ours. Wherever assets are invested, production is correspondingly expanding and new jobs are being created. And on the other hand, absence of investments is leading to the shut-down of production and growth of unemployment."

At Ferreyn, they already know what unemployment is.

"We are ready to compete with Western pharmaceutical enterprises," Ferreyn's financial director V. Bryntsalov joined the discussion. "But on an even playing field! Instead, what is really happening? While we have been placed entirely at the mercy of the elements of the market, having to purchase components at continually increasing prices, with almost no subsidies, the Ministry of Health is selling pharmaceuticals purchased abroad at 20 percent below market price. Who can profit from a dollar exchange rate that is 20 percent of market value—that is, approximately the same as during the times of the Pavlovian economy? Only foreign firms, of course, which are interested in selling their pharmaceuticals at prices subsidized by our budget. The result of this policy is unavoidable bankruptcy of our enterprise and of most enterprises of the medical industry as well."

To stop this process, in the financial director's opinion, we need to immediately introduce a customs duty on imports of medicines into the country, which would make it also possible to replenish our hard currency reserves, and we need to prohibit the Russian Federation Ministry of Health from selling imported pharmaceuticals at dumping prices: The rich can buy them at the full price, enterprises would pay for their laborers, and let the budget cover the cost for pensioners and children. We could argue about the means of solving the problem, but there can be no doubt as to its growing and perhaps even dangerous seriousness. Ferreyn is only one example of how through no fault of its own, a totally healthy enterprise finds itself at the brink of bankruptcy within a relatively short period of time—the same fate is befalling the entire sector.

Here is an excerpt from a letter written by Farmindustriya Corporation chairman V. Markaryants to the leadership of the Russian Ministry of Health:

"...Bankruptcy of the enterprises is deepening, and we will be unable to avoid a sharp drop in production.... For example practically all production operations of the Akrikhin Chemical-Pharmaceutical Works (antituberculosis drugs, hormones, semisynthetic antibiotics, cardiovascular agents) have been shut down. Of 3,500 workers at the works, not more than 1,000 persons are presently employed in production. These are no longer isolated examples."

We hardly need to prove that the collapse of the Russian medical industry is not so much a problem of the industry itself as a problem for all of us. Only a very naive person can suggest that we can fully satisfy the demand of many millions of people for pharmaceuticals and medicines from abroad with the paltry amount of hard currency the state budget possesses. There will be enough tablets, mixtures and syringes only on the condition that we develop our medical enterprises, which could come to a complete halt because of today's unreasonable economic policy. And this means that today's pharmaceutical famine is only the beginning of a disaster toward which we are moving relentlessly.

Of course, the collapse of Russian medical industry did not occur all at once. Its roots extend back to the time when specialization was declared within the CEMA framework, when enormous financial assets were invested into the development of pharmaceutical industry in Poland, Hungary and the GDR. At that time this was an element of a political game: Everything had to be paid for, including friendship. But now that everyone clearly knows who his friends are, and our former and new friends base themselves exclusively on feasibility, why are we still investing into foreign industry to the detriment of our own?!

Almost a century ago, the businessman V. Ferreyn decided to invest his capital into the development of the Russian medical industry. Despite ridicule from his rivals and the warnings of friends, he believed in the future of this great power. Today, representatives of this power are moving toward the progeny of his rivals with million-dollar contracts and the generosity of time workers.

Poor Ferreyn.

FROM THE EDITOR: TRUD will continue the discussion of the pharmaceutical famine, and it will provide information on what measures are being implemented to have enough of at least the basic necessities in Russia's pharmacies and hospitals.

Demographic 'Crisis' in Moscow

93WE0238A Moscow KOMMERSANT DAILY in Russian 14 Nov 92 p 4

[Text] **There is a demographic crisis in Moscow.** Data from the Moscow Municipal Statistics Committee for 9 months of 1992 indicate this. The birth rate in the city continues to decrease while the mortality rate increases. For January through September 54,200 births (16 percent less than for the same period last year) and 89,100 deaths (3 percent more) were recorded in Moscow. The natural decrease in the population was 34,900 persons. Arriving in the city were 50,600 migrants, while 72,500 departed.

Russian Demographic Situation, Infant Mortality Deteriorate

93WE0238K Moscow NEZAVISIMAYA GAZETA in Russian 26 Jan 93 p 1

[Article by Andrey Bayduzhiy: "Demographic Situation Deteriorates in Russia; International Infant Mortality Criteria Introduced in Republic"]

[Text] For the first time in the entire history of Russia a negative population growth was recorded in 1992. According to preliminary data, the number of deceased last year exceeded the number born by 190,000 persons. In comparison with 1991, the population mortality

index per 1,000 persons increased from 11.4 to 11.9, while the birth rate on the other hand decreased from 12.1 to 11.1.

The problem of infant mortality is becoming even more acute in face of the deteriorating demographic situation. Because of it Russia is annually losing thousands of its newborn citizens. Whereas in 1991 the number of children dying prior to one year of age was 16.8 per 1,000, in 1992 it increased to 17.

This year Russia adopted the calculation of infant mortality in accordance with WHO criteria. Prior to this, in accordance with the instructions of the People's Health Committee adopted in 1939, an infant at birth was recognized as living only if he was breathing on his own. If he was not breathing, the child was considered stillborn, and no effort was made to fight for his life. Matters throughout the rest of the world were different. If even one of the four signs was found—respiration, heartbeat, pulse in the umbilical cord, or muscle contraction—the "product of conception" (WHO definition) was considered to be alive, and the physicians were bound to do everything possible for his care. This primarily concerns children with a low—less than 2.5 kg—and extremely low—less than 1 kg—birth weight. In Russia, 4-7,000 of the latter alone are born each year. Only 27-28 percent of them have been able to be saved. In developed countries this index is 60-80 percent.

An edict by President Yeltsin that took force 1 January 1993, for caring for children weighing over 500 grams presented domestic medicine with a number of problems associated primarily with organizing an effective system for caring for premature infants. There is still a great deal of work to be done to modernize and re-orient obstetric service to meet new goals; however, it is the opinion of the leadership of the Ministry of Public Health that today we can hope that the presidential edict will not remain only on paper. Strange as it may seem, a decrease in the birth rate may contribute to this. Many maternity hospitals are now half-empty, and this will permit their staffs to concentrate their efforts on caring for the low-birth weight children. Due to conversion, approval has been given and in the near future unique equipment for the resuscitation of premature infants will be manufactured.

For now, in the opinion of specialists at the Demographic Statistics Directorate, State Statistics Committee of Russia, we need to be prepared for the fact that the new method of calculating infant mortality will result in approximately a 15-20 percent increase in this index in Russia.

Study Planned To Expand Antibiotics Facility

934K0908A Bishkek SLOVO KYRGYZSTANA in Russian 17 Mar 93 p 1

[Report by A. Dzhumabayev: "The Plant Will Live"]

[Text] **President A. Akayev visited the Bishkek Antibiotics Plant yesterday, 16 March.**

This enterprise has now been in operation for a quarter of a century. Its history has included booms and recessions. It was initially designed to produce medicinal preparations for animal husbandry. But since 1974 the plant has expanded its activities and begun to turn out highly purified amino acids for medicinal purposes. And with the beginning of the lamentably well-known war in Afghanistan, it developed another medical-treatment preparation which was in extremely short supply in the field of amino acids. And it was then that plans were made—in accordance with a decree issued by the CPSU Central Committee and the USSR Council of Ministers—to substantially expand this enterprise's production capacities and to build a large, new shop. Its construction was begun in 1986, and it was scheduled to be completed 3 years later. But, alas, the shop stands even now as a mournful unfinished project of the perestroyka epoch.

The president attentively probed into the problems of this plant, which could do a great deal to restore the republic's health and improve its financial situation. But first funds will have to be invested in it—and considerable funds at that—in order to help it emerge from the vague, indeterminate status into which its has fallen. These problems are already partly at the stage of being solved. At the same time the president has recommended that an in-depth, preliminary study by experts be made for the purpose of obtaining a more precise answer as to this plant's future destiny.

Construction of Medical Equipment Plant Halted

93WE0194A Moscow STROITELNAYA GAZETA in Russian 29 Sep 92 pp 1, 3

[Article by correspondent Kim Seglin: "Health Ministry Buries Capital. And Complains of Poverty"]

[Text] **Russia's largest medical equipment plant, under construction in Syzran, is reminiscent today of a ship that races forward at full steam and suddenly runs aground. Not sandy ground, of course, but financial.**

The shell of its main building, which has a production space of 60,000 square meters, is practically finished. The last girders, large-sized claydite-concrete wall panels and roof slabs were installed in the first half of September. Over half of the roofing has been laid, underground utilities have been connected inside the building, and the outer sewage networks are close to completion.

Many other facilities have about the same appearance as well. Earlier, the client, the Ministry of Health of the former Union, awarded the contract for the plant's erection to foreign firms—Finland's well known Merivaara, and Yugoslavia's world-renowned Rad and

Montage. The hope was that they would erect the enterprise in the shortest time possible at the highest quality. The production equipment was purchased in Germany, Italy and France.

In the meantime local Trust No 4 and its associates subcontracting with the foreign firms finished the underground portion of the main building and are erecting the block of auxiliary shops, the boiler plant and the electric power substation, and laying the utility lines on the basis of a direct contract with the plant. An apartment building for foreign installation supervisors is ready for occupancy, and another is being assembled. Still, the foreign firms were given the role of main contractor at this construction project. So why has the project suddenly stopped? What caused the accelerated network schedule for erecting the plant, according to which assembly of the production equipment should have been finished back in spring, to fall hopelessly behind? Why was twice less than planned finished since the beginning of the year? What motivated the firm Rad to leave only 30 of its 250 workers here?

The cause is not something that could be called trivial these days: The client—the board of the future plant or, more precisely, the Main Administration of Capital Construction of the Russian Ministry of Health—found itself with an empty wallet. Because of quarterly patchwork budget financing, not only is the client unable to make the legally required prepayment and pay the advance on the construction and installation work, but he is also unable to pull himself out of a debt bind. Moreover allocated assets are reaching the plant's account with considerable delay.

"We were allocated 350 million rubles for the third quarter, but we hadn't received a kopeck of the money by September," said plant director O. Alekseyev. "Because of this, we were unable to settle accounts with Russian contractors for June and July even by the end of August, and we owed them R35 million for the work they had done at that time."

But the failure to provide hard currency to the construction project was the real knock-out blow.

"I respect and admire the great patience of our foreign contractors: We haven't settled accounts with them for over a year and a half now, and we owe them $25 million. They have the full right to slam the door in our face, but they aren't doing that—they still believe in us," said Oleg Nikolayevich.

"Just this year alone, the state currency commission made the decision to allocate the money with which to settle with the foreign firms three times. I know that we're at the top of the list for hard currency, but...," Alekseyev shrugged his shoulders.

Lightning and thunder could of course be unleashed in the direction of the government, which has once again demonstrated its insolvency. Am I being too hard? What else would you call it when it lists the construction project as a state priority with one hand and makes a rude gesture with three fingers of the other? However, no matter how great the anger of the medical community and journalists sympathizing with regarding such an attitude at the highest levels of authority toward the needs of totally neglected public health, there will be no money for the board of the future plant in Syzran. However, it is also impossible to remain silent, to condone the fact that erection of this enterprise, so greatly needed by the country, is transforming into another one of those never-ending construction projects.

It is an axiom that the longer it takes to erect a facility, the more expensive it becomes. Still, until recent times this truth has been perceived rather speculatively by many clients and contractors. Before, you see, those storms of inflation raged somewhere out there, far away, beyond the line. But now they have come crashing down on us as well. While the construction cost estimate for the Syzran plant was R618 million last year, continuation of its construction this year will require as much as 825 million. We can only guess at the moment how much we will have to spend to support construction next year. And no oracle could ever predict what it would cost to erect the enterprise if, God forbid, the work were postponed to 1994 or 1995. Time is money, and that's the truth!

The conclusion, as they say, is elementary: The faster the plant begins producing, the less money, including hard currency, would be required for its erection. But here's a simple question—where is it to be had? One of the variants of the answer was proposed to Public Health Minister A. Vorobyev by plant director O. Alekseyev. In a telegram sent to Vorobyev on 23 January, Alekseyev asked him to "examine the question of financing construction through other sources—that is, to enlist the hard currency and rubles of Russian entrepreneurs and businessmen."

I don't know whether it was that this telegram never reached the minister's desk or that the ministry did not deem the director's proposal worthy of attention, but he never received an answer to it from the capital. One would think that the proposal from Syzran was not altogether nonsense. If the state treasury is really that empty, why not use financing sources that might appear nontraditional from yesterday's viewpoints—the assets of entrepreneurs, commercial banks, enterprises and sponsors of medical and public health entities? They could certainly play the role of a tug capable of pulling the stalled construction project off of the financial shoal.

No, we aren't talking about another large-scale benevolent action (from which the society is already beginning to tire), but about organizing the financing of the plant's construction on a new, purely market-based foundation. If its future products will in fact reflect the latest accomplishments of medical science and practice, then they will doubtlessly enjoy a high demand not only in Russia but also in CIS countries. By the way, the foundations of the plant were in fact laid with the idea of providing such

equipment to public health institutions of the former Union first of all. Moreover, considering that local labor is so inexpensive by world standards, the plant's products could turn out to be competitive in the world medical equipment market as well. If this is so, then it should be sufficiently profitable to attract the attention of the capital of Russian entrepreneurs. They are out there, in Syzran as well, and they are ready to take such a step. Interest in the plant has also been displayed by a certain foreign businessman who visited Samara not that long ago. Others will be found as well. All we need to do is know how to really raise their interest, to persuade them that it would be worth their while to play the game.

The method of establishing open-type joint-stock companies, which fits well with the conditions of the transition to a market economy and which has already been tested and has proven itself in other places, might certainly apply to construction of the Syzran medical equipment plant. Both natural and legal persons could become its members. However, such a company could be organized only by the plant's caretakers, and not by bureaucratic officials (let this not sound like an insult), which is what workers of the enterprise's board essentially are today. Moreover they are under the strong patronage of ministry officials. Were the administrative leaders a little weaker, the plant workers feel certain that they could begin earning money to build the enterprise even under the present conditions, making sensible use of the production space that has already been finished. However, in their words every initiative in this direction is decisively rejected by workers of the ministry's Main Administration of Capital Construction.

According to legislation in effect today, the Russian State Committee for the Management of State Property could become the initiator of forming such a joint-stock company, since after all, over R200 million in last year's prices have already been invested into the plant's creation. However, there is little hope that it will turn its attention to Syzran anytime soon. But time is money. Therefore the Ministry of Health should heed the plant director's proposal to establish a joint-stock company to build the plant. Being that the Ministry of Health is by design the most interested person in the plant's future production, having invested masses of effort and resources into its erection, it would be entitled to count on owning a significant block of the stocks.

It looks as if there simply is no other solution. You can't travel far in yesterday's jalopy. For the moment, it is still possible to start up the plant next year. Delaying the plant's commissioning carries the danger that its products will become obsolete before they are even out of the plant, and no one will want them. And then there is the debt that must be settled with the foreign firms. Certainly we shouldn't want the matter to go as far as lawsuits. Haven't we already shamed ourself enough?!

Increased Donor Fees Improves Blood Supply in Tatarstan

93WE0334E Moscow IZVESTIYA in Russian 26 Mar 93 p 1

[Article by Boris Bronshteyn (Kazan), IZVESTIYA: "Price of One Liter of Blood in Tatarstan Equals the Minimum Wage"]

[Text]The office of Tatarstan ministers has raised the price for donor blood from 700 to 2250 rubles per liter.

This step has activated blood donations to some extent. From 100 to 180 donors per day have begun to appear at the republic's blood-transfusion station (previously there were about 40). It is planned to raise the price of blood again in April. It is expected that the price per liter will again equal the minimum wage which, by that time, will constitute 4300 rubles per month in Tatarstan.

Children's Cancer Fund Program To Improve Technical Base

93WE0238B Moscow NEZAVISIMAYA GAZETA in Russian 27 Jan 93 p 6

[Text] The Children's Cancer Fund, created at the end of 1992, implemented the "Clinic" program. The objective of the program is to expand and strengthen the extremely poor technical base of oncopediatric service in Russia.

Cancer, with approximately 11,000 victims identified each year, is second only to accidents on the list of causes of death among children. Only a few children can obtain highly skilled medical care, since there are only eight pediatric oncology wards throughout Russia.

Rocky Start for Children's Free Food Program

93WE0238F Moscow SOVETSKAYA ROSSIYA in Russian 9 Jan 93 p 1

[Article by E. Fedorova: "Robbing the Sucklings"]

[Text] Natalya Fedotova's horoscope did not promise any surprises at the beginning of the New Year. Nevertheless, the happy day passed, and the government itself prepared it for Natalya and her small son, something that does not happen often. Therefore, Natasha did not immediately believe the good news when informed by a neighbor who worked at the dairy distribution center. She had returned from work late, as usual, and tired. She was informed that beginning tomorrow, the first of January, her Aleksandr would drink and eat dairy products free. Until he was two.

The young mother dismissed the matter with a wave of her hand; we already heard that hoax on television. She said that the boy had been drinking milk and kefir this way for a long time, but nobody had ever seen these free products. "But now you will see," her neighbor continued, "I signed the announcement with my own hand."

At the distribution center in Butyrskiy Bank, its managers E. Fadeyeva and L. Nasedkina worked quickly and skillfully, like machines, trying to more quickly lessen the line. The line that had quieted down the evening before moved silently. When I asked two or three mothers and fathers about the innovation, dozens of voices immediately answered.

"The one who thought up and advertised the free food was thinking only of convenience, not of the welfare of the children."

L. Teleshova, A. Pankratov, L. Karpov, V. Kozlov, and A. Ryzhova spoke of the rigid rations and slashed norms, and said that children were placed on pitiful, meager cards. The ration for Aleksandra Petrovna Ryzhova's grandson was in a small, dry hand: two packets of "Malyutka" and a 50-gram box of cottage cheese (for 2 days). She left the window with the free food and returned: "This is for a little boy who does not get enough to eat, and his mother's breasts are empty." "Then buy some more," the distributor advised. Then Ryzhova asked for three more 200-gram packages, but then changed her mind; she did not have enough money for the third package. Lyubova Nikolayevna Teleshova had a little more in her purse, so she got extra milk and cottage cheese, and showing me her purchase, commented: "Before the New Year we paid for children's food, but at reduced prices and it cost an average of three rubles. Now we pay forty-three."

Right at the entrance there is a beautiful announcement: "Parents, attention. Free Food!" Below the optimistic poetic lines follows the explanation: Standards were set by the nutrition institute. The unclaimed food will be sold at market prices set by the Lianozovskiy Factory. And then the prices are given, flabbergasting most of the parents. A 200-gram package of milk and kefir costs 13 rubles, 50 kopeks; Malyutka costs 14 rubles; cottage cheese, 50 grams, 18.5 rubles. Calculating that a liter of milk would cost almost 70, and a kilogram of cottage cheese 330 rubles, the people gasped, "This is more like a beating than free trade."

During this time young mother Irina Kholina was talking with the distributor. Five-month-old Roman Kholin was not well and was drinking only kefir, but they gave him milk and Malyutka, products to which he happens to be allergic.

I discussed this and other pathetic situations that have arisen in connection with the innovation with the director of the pediatric ward at Children's Polyclinic No. 32, which is in the Butyrskiy Bank distribution area. Anna Ivanovna Skuratova, as I understood, did not count on the gratitude of the parents as a result of the government's act of caring for the children, but quite to the contrary. The doctors themselves found out about the innovation on New Year's Eve. There was no time to prepare, so each polyclinic had to fill out several hundred new prescriptions. It was all done in a hurry, hence the omissions and errors. As far as the essence of the work is concerned, Anna Ivanovna was terse: "On the one hand, it is good that children under the age of two are getting the support, which was not the case in the past. At the same time, it will be harder to explain to the parents the reduction in the dose. If only there was some way to compensate with juices, vegetables and fruits!"

Doctor Skuratova also expressed concern for the sick children, the disabled, and those above two years of age. It seems they were left out of the dairy centers. I heard the same thing in all the kitchens I was in, from both parents and workers: "How could they abandon these small, hapless children to the paws of free market prices in one fell swoop?"

It wasn't yet nine, but the telephones in the lobby of I. Leshkevich, deputy director of the Main Medical Directorate in Moscow, were ringing off the hook everywhere. Teaching doctor N. Novodvorskaya was answering the phone. The squall on the telephone today was all the same. People were complaining and perturbed at the various ends of Moscow.

Incidentally, it seemed that the waves of dissatisfaction had not yet reached the leaders' offices. "If there are any deficits or hitches," noted I. Leshkevich, "they are the natural difficulties of the transitional period." What can you say to that, this formula has always pinned and continues to pin us. And then Ivan Aleksandrovich started to list the advantages of this "ordering" of norms in pediatric dairy nutrition. They say that until recently, our norms for protein were out of line with the civilized world, were overloaded, and the children were being overfed. The culture of pediatric nutrition in the country lags behind world trends.

It is a short lecture on a child's balanced diet, of course, useful in and of itself, I thought, listening to the public health director. But how does this relate to today, with the meager material circumstances of most families? At many distribution centers there are still the glass display shelves adorned with dozens of samples of children's food, with which they could diversify the child's diet. They could, but now the children's mothers are not looking for diversity. And not because of a low education level, as Leshkevich believes, but because of the low cost and furiously high prices.

The conversation in Leshkevich's office was not only about the weight of the "new children's ration", but also about its content. For example, that means that there are dry adapted mixtures in it. On paper that is what it means, but in reality there aren't any. And they are not foreseen in the near future was the information provided by the staff of the directorate concerned with this problem. They explained, incidentally, that the absent mixtures should be compensated with other, free, dairy products, which was not being done at many distribution centers. "That means they have not correctly understood us and have distorted our order," said Leshkevich, his tone becoming severe. Dear parents, I draw your attention to this moment: Instead of dry mixtures the children

are being given free milk or kefir, and that which they have not issued at many of the distribution centers is due to "outlays in the hurry and transitional period."

And the last question for the leaders: Why exactly was it necessary to introduce the innovation in one day, and cause a hurry with the issuing of prescriptions, straining the nerves of the staffs at the dairy distribution centers and their patrons? "But this is what the Moscow government ordered," said Leshkevich, surprised at my lack of understanding of the situation, "to initiate the free food program on January 1. On December 29 the resolution 'Urgent Measures for Improving the Situation of Children in Moscow' was adopted. On the 30th we issued our order.

"The mistakes being made at the centers will be ironed out," Ivan Aleksandrovich assured me as I departed.

Walking through his lobby, I looked at the telephones. The rings did not cease. Another inspector-doctor had come to help Novodvorskaya. And they together were busily handling the Muscovites gladdened by the innovation.

Theft of Unsterilized Syringes From Plant

93WE0192B Moscow KURANTY in Russian 20 Oct 92 p 2

[Article by Igor Irin: "Disposable Infection"]

[Text] Don't be too quick to acquire disposable syringes in commercial stores. It became known to us from reliable sources that far from all of them are safe to your health.

The fact is that syringes are not counted at the manufacturing plants until they are sterilized. Consequently they are naturally stolen before this stage. And it seems at sizable proportions at that. According to our information these products are continually slipping away from the enterprise Teploizolyator of the Tushinskiy Machine Building Plant.

Unfortunately, syringes are not marked to show that they have undergone sterilization, and consequently it is practically impossible to distinguish a clean article from a dirty one.

Effects of Chernobyl on Children in Kiev

93WE0238G Kiev RABOCHAYA GAZETA in Russian 9 Dec 92 p 4

[Interview with Polina Fedorovna Limanskaya, by Mariya Bakshtayeva; place and date not given: "Young Kievans Also Chernobyl Victims". First three paragraphs are RABOCHAYA GAZETA introduction in boldface.]

[Text] Six years have passed since the accident at Chernobyl. We remember the newspaper, radio, and television reports during the first months after the explosion at the nuclear power plant: there were no particular hazards to public health, you could sunbathe, but not for long, swim in the Dnieper and eat fish, without sucking on the ossicles. All reports erred with their understated doses. The lie is always expensive to those who believe it. And only the tragedy of the people and the skilled investigations of specialists have determined how great this tragedy is.

Today in Kiev there are a number of services whose objective is to render radiologic, radiation-hygiene, and medical care to people. Life itself has necessitated the integral evaluation of the health status of Kievans in comparison with those who were evacuated from the stringent control zone.

Many children were screened at the Endopolimed Scientific Research Center in a relatively short period of time. The director there is Polina Fedorovna Limanskaya.

Bakshtayeva: Polina Fedorovna, how is it that you, an endocrinologist concerned with the Chernobyl problems, took on not only economic, but also administrative problems?

Limanskaya: I felt a duty to do so. The city of Kiev was not included in the government program for clean-up of the accident at Chernobyl. The most annoying thing was that for Kievan children who were in the city at the time of the accident, there was no specialized establishment until 1989. Someone should have started this work.

Kiev was in the southern track of radiation contamination with a cesium-137 fallout density of 0.5-1 Curies per square kilometer, but there were also rare points where the concentration of cesium 137 reached 4.5 curies per square kilometer. The Chernobyl accident is a peculiar catastrophe. We set a goal for ourselves: assess the health status of Kievan children and compare it with the health of children evacuated from the zone (Korostenskiy Rayon, Pripyat, and Slavutich).

Specialists from our center, including and orthopedist and dentist, examined a group of children from these rayons. They paid special attention to children irradiated intrauterine in Pripyat, born between 26 April 1986 and 27 April 1987, that is, those who were conceived during the period of the accident.

At the same time, 150 young Kievans were screened. We concluded that changes in their thyroid function were not catastrophically threatening. The endocrine system is the most important in the development of the human body. How would the thyroid function, and what kind of individual would we have?

Bakshtayeva: Do other indexes say anything?

Limanskaya: There was a small percentage of changes in the blood. We noted an increase in cases of cavities, chronic tonsillitis infections, and various changes in the hepatobiliary system. Shifts in the neuropsychological status and vegetative-vascular dystonia. Some of them have the potential to be candidates for hypertension in

the future. The Radiation Medicine Center is studying this problem very seriously. These children need not only examination by specialists, but also well-thought therapeutic and rehabilitation measures. I think that a program should be developed at the state level for such children.

We have a careful analysis of the structure of morbidity of Kievan children living in the ecologically unfavorable conditions of a large city and exposed to the prolonged sequelae of Chernobyl as well as children evacuated from the stringent control zone. Children irradiated intrauterine in Slavutich were screened beginning in November 1991. Only professional scientists—clinicians, professors, and doctors of science—have been involved in this work.

Bakshtayeva: What is the essence of your work?

Limanskaya: To use, to incorporate, and to disseminate information on the domestic scientific developments in diagnostic and therapeutic and rehabilitation aspects.

Bakshtayeva: Have any problems developed in this venture?

Limanskaya: Yes, especially recently when the costs of everything (light, water, services) sharply increased. It is virtually impossible to use transportation—it is very expensive. Taxes increased; they are taxing our profit, and that is what we used to buy equipment and study the Chernobyl problem. This dictates an increase in the costs for services. We are trying to compensate the increase in costs for services to children that are in the third health group and those irradiated intrauterine: for 6 months we gave them humanitarian aid in the form of ecologically clean produce: honey, beans, and grains.

Bakshtayeva: How were you able to do this, given your poverty?

Limanskaya: We are one of the founders of the Kiev branch of the "United Way". The director of this charity is V. I. Cherneletskiy, and on the German side husband and wife Tomas and Gabriella Shpros, under the direction of professor Karl Kokh, are in close contact with us and help us.

Bakshtayeva: How much time is needed for complete screening?

Limanskaya: Generally 2 days. It takes 6 hours per child for an integral evaluation.

Bakshtayeva: Can anybody come to you?

Limanskaya: Of course. But we prefer that you enlist the aid of social development funds from your place of employment. Then long-term therapeutic and rehabilitation measures will be possible under our control. But often the employers do not have money and I have to search for the funds.

Bakshtayeva: Have you ever refused anyone assistance?

Limanskaya: Never. People come to us from Zaporozhye, the Baltic States, Cherkassy. They know us. And after the screenings we hand the parents information and recommendations and keep a copy for ourselves.

Bakshtayeva: Galina Fedorovna, what is the best aspect of your work?

Limanskaya: The fact that we have been able to hire first-class physicians who are competent in radiation medicine and also find ways to cooperate with physiologists, physicists, and electricians. They are actively involved in the development and work on the design of a biomedical research complex. This complex will house not only the unconventional research of tomorrow, but also the creation and testing of domestic diagnostic equipment which is as good as that found abroad, but will be much less expensive.

Bakshtayeva: Are you currently preparing for the new developments?

Limanskaya: It is a project for studying the health status of children residing in the unfavorable conditions of a large city who are subjected to the long-term sequelae of Chernobyl, and whose diet includes ecologically clean produce. A feature of this project is that it does not take place under hospital conditions, but for a long-term period within the family. It is composed of a group of science professors Ye. F. Benikova, K. A. Cheban, A. I. Nyagu, S. S. Kozak, F. N. Tyshko, V. G. Bebeshko, and A. G. Kartseva. I am the project director. The project was approved in Europarliament by the representative professor K. Kokh.

Conditions at Kiev Pediatric Oncology Center

93WE0238E Kiev RABOCHAYA GAZETA in Russian 5 Dec 92 p 3

[Article by Tatyana Mozgovaya: "If You Don't Have Hard Currency, Think About Whether It Is Worth It To Have Children". First paragraph is RABOCHAYA GAZETA introduction in boldface.]

[Text] What mother, in pain giving birth to a child, does not hope that he grows to be healthy and happy? What mother in the Ukraine does not fear for the health of her child? Unfortunately, this fear is more than justified in our land that has been generously covered with radionuclides and saturated with ecologically toxic products. Each year 14 million tons of toxic substances are released into the atmosphere, and rivers and lakes are polluted with more than 4 billion cubic meters of polluted discharge. Nitrates, which are "attracted" to fruits and vegetables, contribute to the formation of carcinogens and induce tumors.

On the average, 1,000 children develop cancer each year in the Ukraine, and at least 70 percent of them are admitted to therapeutic establishments in the third and fourth stages of the tumor process. More than 50 percent die within a year of diagnosis. Only one-fourth of the

children that are first taken on the records are treated in specialized pediatric oncology hospitals. And after all, so much—life—often depends on this. The Kiev Oncology Scientific Research Institute has a pediatric ward with forty beds. It is the only one in the Ukraine. Those that arrive here are luckier than those that do not. They have come from the rayon centers and the little villages in the hope that here there is everything—pharmaceuticals and equipment and skilled, honest doctors. They really do have such doctors: They are not only knowledgeable, but also are able to spend 8 hours at the operating table, but they don't have the pharmaceuticals or the equipment. There is a chronic shortage. The pharmaceuticals that they need are not manufactured in the Ukraine, or even in the former USSR. Missiles with deadly warheads, tanks, bombs, yes, but pharmaceuticals for children, no.

The patients of the clinic differ greatly, from one-year-olds who do not understand what misfortune has happened to them, to fourteen-year-olds who are able to guess a great deal.

I do not know who it was, a boy or girl, I'm sorry, I could not ask. I only know that the little bundle of pain was on a large, adult bed.

Even a cropped head (after chemotherapy her hair fell out) could not spoil Mariya's beauty. When the doctor's hands touch her, her large, softly radiant eyes light up—it's so endearing! But the fear of any touch because of this tormented disease of the body is almost visible.

Artem has been treated here for 3 years already. He was admitted with fourth stage lymphogranulomatosis. His parents, capable and intelligent, took him to witch doctors and faith healers. Each of us would go anywhere (pray that it doesn't happen!) to find a cure. He is now virtually cured. He draws beautifully: Here is a happy, white house with a bright tiled roof, and a rosy-cheeked hostess near the well. Artem doesn't just simply draw, not for himself, but for an aunt that he does not know in Germany. She has taken his drawings and those of others like him and organized an exhibit in her own country. Her fellow countrymen can collect the marks and buy the pharmaceuticals. And perhaps someone else will be saved from the oblivion of pain and death.

The clinic has been anxious all year; the physicians did not know whether the chemotherapy preparations would last for long, and the government would not allocate the hard currency to purchase them.

Rarely do you see a poster or a child's drawing on the melancholy walls of the wards, like an attempt to break out into the bright outside world. There are six mothers and the same number of small patients in the ward. Mother and child share the same bed. After all, many cannot walk and even the touch of a blanket is painful to them. Rest does not come to those that cannot slip into oblivion or those that cannot fall asleep.

There they look at the doctor as if he were God and learn "cancer" prayers. Here you can eagerly catch news about new methods of treatment and are ready to believe even the most fantastic prescriptions.

"I don't want to, it hurts," you can often hear the child's cry. The pain could be reduced if they had the special pediatric instruments, endoscopes, and ultrasound machines. Now we have to use, for example, Soviet instruments, coarse, old, and straight, manufactured in St. Petersburg at the Krasnyy Proletariy factory. The doctors themselves say such an instrument is executional; you cannot perform the procedure without anesthesia. Simple catheters manufactured in Vitebsk are also a problem. They can be bought, but with hard currency. Pharmaceuticals and instruments are in the most tragic of shortages for the Ukraine. The Ministry of Public Health, while not refusing humanitarian aid (after all, often we could not live without it), is still organizing its production, talking with scientists and manufacturers. But for sick children whose time is numbered in days, not years, the pharmaceuticals are needed now.

What else is supporting pediatric oncology in the Ukraine? Private doctors like Nikolay Serafimovich Tokarskiy, who has directed the pediatric ward of the oncology institute for 20 years, and Nikolay Grigorevich Kononenko, chief oncologist in the Ukraine. Their lives are often exposed to danger. To say that it is an occupational risk is to say nothing more than a lie, because this risk could be reduced to a minimum if you worried about them.

All physicians are allergic to the chemotherapy agents: their hands are coated with the pharmaceuticals, since they often have to work without gloves, and their lungs are constantly inhaling the "chemistry", lacking the proper ventilation. And whereas a small patient is subjected to chemotherapy for 2, or a maximum of 4 weeks, the doctors are constantly exposed. The nurses do not stay in the ward for long. One who had worked there for several years was admitted to the hospital with toxic hepatitis and blood indexes like those of second to third degree radiation sickness. Another did not last for more than a few months, and a third is planning to leave.

They are consciously risking their own health when they stand hours at an operating table and when they perform courses of radiation treatment. But this risk is not the most serious in their work; after all, the doctors in the pediatric ward are convinced that even the most hopeless of their patients has the chance to survive. And that chance should not be taken away.

After a chemotherapy course the blood indexes in children drop sharply. With some diseases the child is subjected to radiation of 6-7,000 roentgens. This is a colossal dose. The children survive, but they need inpatient rehabilitation. The Ukraine does not have any rehabilitation centers for children with cancer. Moscow has one such center at the All-Union Oncology Research Center. It was built with money from the republics of the former Soviet Union. But we do not have one and with the bleak future one is not foreseen. Therefore, the young

patients have to go home. But if they could "correct their blood" in the center for two weeks, and return for continuing treatment, and then go home it would take a month. But in a month they return with relapses.

"There are many empty establishments in Konche-Ozernaya," says Nikolay Serafimovich, "and if such a center was organized there, many children could be completely cured."

But that is still not all. The only establishment in the Ukraine, which should treat and diagnose somatic cancers now treats 500 persons per year, but it should treat, perform prophylaxis, and rehabilitate 10,000. Only a few oblast centers have pediatric oncologists, and they cannot accept all patients in Kiev with a ward of 40 beds. So mothers travel 500 kilometers there and back. The patients have to "stand in line", even though their lives are often numbered in hours, and if a child was admitted to the hospital even a week sooner, he could be helped much more.

"There is every reason to believe that even in the foreseeable future there will be an increase in malignant tumors, and pediatric oncology will become one of the most critical fields," says Nikolay Grigorevich Kononenko, "and that means we need to create in the Ukraine a modern pediatric oncology center."

Quite recently, the pediatric ward at the oncology institute was shipped some humanitarian aid by Italian businessmen. Do we even need to mention how much the children need it? But not one government in the world would leave its young citizens in tragedy. Our sick children are like the foundlings of rich relatives.

In any home, even the most impoverished, a sick child is given everything possible, and even that which would seem impossible. But we have probably already lost the instinct to preserve our young, if we refuse a sick child that which he vitally needs.

I do not know how Artem's drawings will be received in Germany, but the awful helplessness and burning humiliation will be with me for a long time: neither I nor another mother like me could help my or another's child; we earn a pittance, and with it we can buy a piece of bread, not pharmaceuticals for those whose days are numbered. Chernobyl and the thoughtless industrialization of children. How many unfortunate ones ask and pray to get the hard currency together to travel abroad for treatment? I, of course, am happy when I hear that someone has made out, but why can't I shake the thought of those whose children have to die here? Wouldn't it be more charitable to equip and create a therapeutic institution here on a world level? And I know that the extremely patient storks that have returned even to the Chernobyl ashes will stop bringing children to us if they find out that we do not have the hard currency.

German Medical Aid to Kazakhstan

93WE0238H Alma-Ata KAZAKHSTANSKAYA PRAVDA in Russian 31 Oct 92 p 2

[Article by Nikolay Zhorov: "They Want To Help the Children, But They Don't Even Have Enough of the Basics".]

[Text] Our newspaper has repeatedly reported the problems associated with the treatment of children suffering from leukemia. Good results have been achieved in the treatment of these patients in Germany. In 85 cases out of 100, they achieve complete recovery there. The German society KER Germany under the aegis of rendering humanitarian aid to the Commonwealth of Independent States has allocated five million marks to each of 12 hematology centers. Two of them will be built in Kazakhstan. The first will be in Alma-Ata and the second in Karaganda.

Two Alma-Ata specialists, K. Omarov, doctor of medical sciences and director of the hematology ward, and A. Burketbayev, physician in charge, completed an internship in Achene (FRG) in 3 months. A total of 24 physicians from the CIS interned there. Now they are holding an on-site course in treatment using the German protocols over the course of 7 months with a 2-week break. This is the only way to help children that were previously considered condemned.

The equipment should arrive within the next month. But before this German physicians will come to examine and assess the suitability of accommodations for the equipment and children.

The opening of two wards for 30 persons each is slated for Alma-Ata. One is already functioning, and repairs are drawing to a close on the second. Tremendous problems arose with the glazed objects. Until the accommodations are 100 percent complete, the Germans will not place the equipment, since it is important to not only place certain medical preparations, but also create a pure environment. There are still tremendous problems with the latter.

Conditions at Kazakhstan Tuberculosis Facility

93WE0238I Alma-Ata KAZAKHSTANSKAYA PRAVDA in Russian 23 Sep 92 p 2

[Article by O. Kovalenko: "The Doctors' Problems—The Patients Are Suffering"]

[Text] The building of the Mangistauskiy Oblast Tuberculosis Clinic, in Novyy Uzen, has been in need of repairs for a long time: All the internal communications here are in disaster condition, and the worn-out equipment is constantly breaking down. There are 150-200 seriously ill people living under such conditions, including those with open tuberculosis. The solution to this situation in the Mangistauskiy Oblast Health Department is seen in the conversion of the tuberculosis clinic into an oblast center. A clinic with 215 beds is

already prepared to admit patients here. It is true that it is located in three barracks-type buildings on the outskirts of the city. It was previously a boarding house for chronically mentally ill patients.

In order to provide normal living conditions for treating the tuberculosis patients, both construction workers and doctors had to put in a great deal of work here.

However, there is the problem of the medical staff. The Novyy Uzen doctors need to quickly equip living areas in Aktau, where more than 500 doctors are waiting in line for better living conditions. It takes a long time to train qualified phthisiologists on site.

Incidentally, the number of people recently affected with such serious infectious diseases, like tuberculosis, has not been decreasing. Moreover, specialists believe that the actual number of patients is really much larger, but they cannot all be detected due to the remoteness of many shepherd villages from medical centers.

Ukraine: Radioactivity Reported Not To Exceed Acceptable Level

WS2004062893 Kiev KHRESHCHATYK in Ukrainian 3 Apr 93 p 1

[Unattributed report: "About the Radioactive Situation"]

[Text] The Republican Center for Monitoring Environmental Conditions at the State Hydrometeorological Committee reported that the radioactivity level in Kiev is 8-12 microroentgens per hour; in Zhytomyr, 1; and in Chernihiv, 12. These figures do not exceed the acceptable level.

Ukraine: Cabinet Adopts Decree on Immunizing Population

AU3004101593 Kiev URYADOVYY KURYER in Ukrainian 27 Apr 93 p 1

[Unattributed report: "The Government Has Decided"]

[Text] To improve the protection and utilization of territories and facilities of the nature reserves fund and to restore their natural complexes, Ukraine's Cabinet of Ministers, by its decree No. 287 of 19 April 1993, approved rates for estimating the extent of damage caused by violations of the legislation on Ukraine's nature reserves fund.

Over recent years, the situation regarding the spread of a number of infections has drastically deteriorated. This primarily concerns diphtheria. Starting from 1991, the incidence of diseases has increased by a factor ranging between 15 and 20 relative to preceding years. Poliomyelitis, whooping cough, and pravets [as heard, not further identified] are on the increase. In 1992, the cases of measles grew in number, and the meningococcus infection, rubella, and viral hepatitis became more frequent. The situation regarding tuberculosis has become quite alarming. Every year, almost 15,000 patients with an active form of tuberculosis of respiratory tracts are reported, among them almost 400 children under 14 years old.

To ensure effective immunological protection of people from infections, Ukraine's Cabinet of Ministers, by its decree No. 288 of 21 April 1993, approved the National Program for immunizing the population during the period between 1993 and 2000.

Belarus: Birth Defects Up 18 Percent 7 Years After Chernobyl

WS2604095893 Minsk Radio Minsk Network in Belarusian 0300 GMT 26 Apr 93

[Text] Today is a sad anniversary in the Belarusian national history—it has been 7 years since the Chernobyl tragedy. It is hard to tell how much more sorrow it will bring and how long we will feel its repercussions. Some 70 percent of the Republic's territory bears the marks of the terrible disaster, the most awful of which is the threat to human health. It has been officially acknowledged that the rate of defects in newborn babies has increased by 18 percent, and the number of oncological diseases has grown by almost threefold. There has been a shortage of medicine and vitamins; the situation is complicated, to say the least. A lot has been done in order to eliminate the aftermath of the accident, and the issue has always received the government's utmost attention. More than 130,000 residents of the contaminated areas were moved to new domiciles between 1986 and 1992. New villages were built for the migrants; the law on the social protection for the victims of the accident was drafted. Belarus needs more means and hope for the better.

Belarus: Every Third Child Ill in Areas Contaminated by Chernobyl

LD2304110493 Moscow ITAR-TASS in English 1041 GMT 23 Apr 93

[By BELINFORM for TASS]

[Text] Minsk April 23 TASS—Reports provided by Belarusian health care officials, show that every third child living in contaminated areas, is suffering from different ailments and is kept under medical control.

"An increasing number of children are suffering from respiratory, heart diseases and rheumatism. These diseases often assume forms difficult for treatment," Valeriy Borsuk, chief doctor of the regional "Sosnovyy Bor" sanatorium for children in the Ivatsevich region of Belarus, told ITAR-TASS. The doctor said that special groups had to be set up for treating children beginning from the age of four. "Conditions for the treatment of patients are far from ideal since the sanatorium was opened in 1961 in buildings designed as a camping for motorists," the doctor added.

The situation is worsened by the fact that under current prices only a few families can afford to take a sick child to the Caucasus or to the Crimea. The way out of the situation is to build new recreation centers for children in ecologically clean areas of Belarus. However, the state lacks funds to carry out the project.

The hopes of many people to receive aid from abroad are being shattered. Members of the Belarusian consultative council "Civic Unity" demanded that the government and the parliament establish control over the distribution of humanitarian aid. They believe that even small funds allocated to Chernobyl programmes are being used irrationally and frequently spent on projects far from meeting priority needs of the affected population. A number of commercial organisations are living at the expense of the humanitarian aid provided to children.

Despite the apparent danger of living in the zone of the so-called "obligatory evacuation," some residents stay on in their habitual places. None of the residents of the village of Vydrenka of Krasnopolsk region, situated in the danger area, left the village. Over 80 families still live there with 13 families having children. A total of 1,245 families, making up some 2,000 people, are living in the zone of strict control of the Mogilev region, and face increasing difficulties with supplies of fuel and ecologically clean foodstuffs.

"The reasons why these people do not want to move from their habitual places are connected with the economic slump," a senior official of the regional city council in charge of liquidating the Chernobyl aftermath, said, adding that the people were simply afraid of leaving their native places.

Bank Aids Invalids

93WE0209H Moscow ROSSIYSKIYE VESTI in Russian No 7, 17 Nov 92 p 3

[Article by Igor Irin: "Pragmabank Helps Invalids"]

[Excerpt] [Passage omitted] Pragmabank has been operating in the Russian market for only a year; a short time, but the accomplishments are noticeable. Bank council chairman Ilya Metkov has something to be proud about. Having started practically from ground zero, with no support from influential state structures, Pragmabank quickly increased its authorized fund to 100 million rubles and attracted over 300 investors from among the most substantial Moscow enterprises. Today its status is distinguished by stability and a clear future.

But this is not what the bank's head thinks about first. It is Ilya Metkov's firm conviction that growth of investments and multiplication of capital are not at all an end unto itself for any commercial structure. The money must work, it must benefit the people, and make their lives easier. It is around this principle that the world turns. There is no gap in this case between philosophy and practice.

Without vacillating at all, Pragmabank became one of the founders of the All-Russian Center for Assistance to Persons Disabled From Childhood, contributing R250,000 to its charter fund. It responded to an appeal from the Russian Orthodox Church to provide assistance in restoring churches, allocating R600,000 for this good cause. And this week an agreement was signed with the Moscow Volshebnaya Lampa Children's Theater, according to which the theater will receive almost a million rubles over the course of the year, while it will promise to stage regular performances in children's clinical hospitals. You can imagine the joy the youngsters will experience upon meeting heroes from their favorite books in a hospital ward.

But business is business. This is why the plans of the bank include obtaining a hard-currency license, supporting and developing private trade and entrepreneurship, and investing hundreds of millions into housing construction.

Orthodox Charity Center Trains Nurses

93WE0209I Moscow ROSSIYSKIYE VESTI in Russian 20 Nov 92 p 4

[Article by Vasiliy Treskov: "As the Soul Is Cleansed, Diseases Will Fall Aside..."]

[Text] The Chapel of the Noble Prince Dimitriy at Moscow City Hospital No 1 proudly towers above the old hospital buildings. Life in a hospital is not a joyous one—musty air, dirty, bloody bandages, plaster of paris, despondent yellow faces, litter, old pajamas, groaning, and doctors hardened to suffering.... And suddenly rising above all of this is a chapel offering church services.... From it, graceful sisters of mercy with gentle gaze and inspired faces flow like white angels with red crosses on their snow-white caps.... This is the location of the Orthodox Charity Center. A unique nursing school, the only one of its kind in our country, was recently established at the center with the support of Moscow Medical School No 1 and blessed by Patriarch Aleksiy II of Moscow and All of Russia.

"Charity is a gift of God that helps people today to be people. Charity has not been eradicated—it still exists, not only formally in the face of numerous funds, but also in the souls of people. We have made some attempts to bring such people together into our community," said Aleksandr Flint, the trustee of the community and school.

Many women desiring to be nurses responded to posters on the doors of Moscow's churches announcing acceptance of applications to the school, but only 80 of the hundreds were selected through competitive interviews. It is a difficult, very difficult thing to bear the cross of charity, which requires self-sacrifice and a lack of self-interest in relation to other people.

"Graduates of our school will receive two diplomas," said A. Flint, "the first, a state diploma, awarding the

qualification of general nurse, and the second, a special one, the diploma of a sister of charity. The second diploma is harder to get. Sometimes it happens that a student is able to work as an ordinary nurse, but unfortunately, not as a sister of charity. A sister of charity cannot work according to a schedule like for example a diagnostician or a duty nurse at a hospital can. A sister of charity works only at the calling of her heart, devoting herself wholly to people. Our sisters work in the most difficult departments of the hospital—traumatology and neurology. They bathe and spoon-feed old, sick, abandoned women, wash their clothes, and most importantly, they provide comfort with kind words and a smile, which are sometimes more effective than any medicine.

"Our dream is to create our own hospital in which only our doctors and nurses would work, and we have been unsuccessfully asking the government to help us for a long time," continued A. Flint. "With our own hospital, we could do even more good. At Moscow City Hospital No 1, our sisters work side by side with their 'co-sisters,' but the contrast is astounding—it is virtually a collision of two opposite worlds. Our colleagues simply do not understand us, there are many things that irritate them, and make them jealous, especially when sisters of charity carry out the lowly chores of nannies with joy, with a smile on their lips."

The community presently numbers 150 sisters of charity, working in hospitals not in the name of the ruble but in the name of charity.

Birthrate Drops in Tula

93WE0238J Moscow PRAVDA in Russian 19 Nov 92 p 3

[Article by A. Nemenov, Honored Physician of the Russian Federation: "Fewer and Fewer Children in Tula"]

[Text] A dismal demographic "record" has been set in Tula: the number of citizens dying (700) exceeds by more than double the number born (344). Tulskaya Oblast, as we know, is filled with chemical and metallurgical enterprises and other toxic factories.

Doctors were the first to become alarmed, and that was long ago. For example, as far back as 1984 I sent I. Yunak, then director of the party oblast committee, detailed information on this matter. It was covered with respective resolutions and was sent to us for "direction".

This event forced me to petition the new director of the oblast, Yu. Litvintsev, for a personal meeting. But Yuriy Ivanovich (he is now president of the oblast Council of People's Deputies) had no time. He commissioned an "obstinate demographer" to the then second secretary of the party oblast committee with the meeting. Practical measures were not forthcoming from that meeting, if you do not count the gratuitous transfer of the just completed and splendidly equipped building of a special hospital at the municipal diagnostic center.

In those times democrats came into power by promising the people the world during the elections. They did not concern themselves much with fulfilling the promises, especially recently, against a background calling for "good insured and paid medicine for the people". Demographic processes, especially in the oblast enter, have taken on a catastrophic, landslide pattern. Over the past 2 years the birth rate in the city has fallen to 8.5 per 1,000 persons. The mortality rate is 12.9.

Now one out of four Tula residents is of retirement age. Tula is the most overgrown city in Russia.

The municipal public health committee commissioned me to prepare immediate analytical information on behalf of the president of the municipal council N. Tyutyunov and administration chief N. Tyaglivyy. We asked the city leaders to study the reasons for and circumstances of the demographic depression and discuss this complex problem with experts with different qualifications, industry leaders, representatives of trade unions, and social protection agencies.

Four months passed... And if the previous leaders reacted even a little, well the current ones are... thoughtfully silent. One gets the impression that they are more concerned with "foreign policy" activity (endless paid trips to Italy and China, Germany and the USA, and the reception of response delegations), the distribution of crumbs of humanitarian aid, the organization of shows and presentations, and the sharing of authority, briefcases, and the construction of office and personal apartments...

In any case, neither our information nor the post-August double preponderance of coffins over cradles caused any despondency in those in authority. Well, we will anticipate the next "records"!

Opening of Alma-Ata Clinic for Defective Children

93WE0238D Alma-Ata KARAVAN in Russian 13 Nov 92 p 3

[Article by Tatyana Ryabukhina: "The Cost of Treating a Defective Child Is Equal to the Cost of a Purebred Puppy. Will We Make a Choice?" First paragraph is KARAVAN introduction in italics.]

[Text] It has happened! The first "Kenes" Center in Kazakhstan and one of a few within the former USSR for working with defective children was opened in Alma-Ata.

The primary objective of this medical rehabilitation center is to help children with impaired intellects and their suffering families. The assistance is diversified: psychiatric, psychological, and defectological.

Working with the children here will be not only teachers, but also speech therapists and specialists with professional training for working with teenagers with mental

and intellectual pathologies. The center will have rooms in their offices for working with the patients.

And the most important thing is that "Kenes" is opening a day-care center like the pre-school for the most severely disabled children with problems in speech development and other intellectual impairments. Children that have been denied access to state special pre-schools and elementary schools can come here, children who under our government "traditions" have been deprived of a future and forced to spend their lives within four walls.

A mentally impaired child is always a tragedy for a family. Children do not want to play with such a child, and he is forced to spend all his time with his mother in isolation from the outside world. The mother usually quits her job, and the father abandons the mother. The pension is minimal, and alimony is about as easy to collect as the privileges allocated to disabled children.

But worse than the poverty is the psychological oppression smothering such a child and his mother. Until recently, our society gave a woman who remained alone with her child only two choices: place the child in an institution for invalids, like a "final camp" for a slow and often agonizing death in confinement (sometimes these children cannot feed themselves or ask for a drink of water!) or deny herself occupational and personal interests and sit under "house arrest" for many long years, without the ability to help her child with either education or medical help (after all, you need special education for this!).

The Kenes Center is tearing down these alternatives that bind the arms and legs of the parents. The kindergarten at the center is prepared to accept even the most handicapped of children and give each individual rehabilitation assistance.

The municipal administration has allocated a splendid building, and the collective at the Center is composed of professionals, enthusiasts, and very good people.

But... The parents need to pay 4,000 rubles a month for each child. You will recall that the pension today for such children is 900 rubles plus 500 rubles compensation, and the mother often does not work. The breadwinner fathers also often have problems. You will also recall that the government allocates subsidies for healthy children in the kindergartens. Why have the children at Kenes been deprived of this concern?

The assumption that mothers of the invalids, if they obtain work, will be able to earn more money, also does not wash: The skills and occupational training have been almost completely lost during the years of trials with the sick child. And who needs employees with such problems anyway?

Now, while the building of the Kenes Center is being repaired and the cafeteria is closed, children are in groups for half-day, and the cost is 75 rubles per day (approximately 500 rubles per month). This is ruinous to single mothers, but they agreed to give in to the latter in order to give their children the teaching and medical care, and give them a chance to live.

You need only once to see the happy faces of the children at Kenes to understand what a tremendous thing they are doing at the Center!

All the hope lies with the sponsors. Workplaces that employ their parents are already paying for some of the children.

After all, what is 4,000 rubles a month to a major commercial enterprise or company? A drop of water in the ocean! And for independent businessmen there is an alternative: The cost of a year's stay for a disabled child in the rehabilitation center is equal to the cost of a purebred puppy or crystal chandelier.

If you want to donate money to charity, but you do not trust the numerous funds, you have the splendid opportunity to donate to a specific work—pay yourself for treatment at the Kenes Center for one of the disabled children.

The names of the specific children that need sponsor support can be obtained from the chief physician at the Center, M. M. Supeyeva, at telephone number 43-24-13, 42-81-37, or directly at the hospital (Ulitsa Kurmangazy, 166, kindergarten building at the courtyard of the Voyentorg store). The money may be sent to: AK Tekhnopolisbank", p/c 002345875, code 703 (MFO 190501109), Kenes Center.

We are all alive in God. And throughout time the relationship to people with impaired intellects has been a litmus paper test of the morality of the entire society as well as each individual person.

Poor Conditions in Bashkortostan Maternity Hospital

93WE0238C Moscow KOMSOMOLSKAYA PRAVDA in Russian 29 Sep 92 p 2

[Article by Yu. Nesterenko: "It's Hard To Be Born Happy"]

[Text] We have long been told that our children are the happiest and that they live, blessed by fate, in the best of worlds. Now we are finally learning the true cost of all the "best".

In the city of Sterlitamak in Bashkortostan, I could not walk past the maternity ward of the "Soda" Production Association. This building used to house a purulent infection-surgery ward. Young mother Liana Tsyganova says, "When they brought me here to give birth, they immediately warned me that infection is possible here... That's exactly what happened. Naturally those who have just given birth are hemorrhaging seriously, and they need water. But they don't have the basics. They don't have water, the women's shower does not work, and the bed linens are not changed. There is no school for future

mothers. They gave us glasses with such dirty... I cried. One of the doctors told me, "Didn't you cry when you slept with your husband?" A woman's body is seriously weakened, and the staphylococcus infection passes through the milk. This staphylococcus literally coats the walls of this maternity hospital. There wasn't a single child here that did not become infected. The medical staff gives one diagnosis for all—"oxygen deprivation".

I am sitting with the chief obstetrician-gynecologist in Sterlitamak, Irina Mikhaylovna Smirnova: "Yes, women should not give birth under such conditions," she says, "and we, the physicians, have requested that a new maternity hospital be built. Although this matter was resolved long ago, for some reason they are not building it, and perhaps that is why the birth rate has dropped so sharply. The director of the municipal health department in our city, I. V. Klimov, knows what condition our maternity hospital is in, but he has never seen it with his own eyes, because he has never been here, and in general, the municipal health department directors are often replaced here."

DENMARK

Epidemiology Institute Creates Greenland Section

93WE0232C Nuuk GRONLANDSPOSTEN in Danish 2 Feb 93 p 7

[Unattributed article: "Improved Climate for Greenland Research"]

[Text] *The Danish Institute of Clinical Epidemiology is creating a Greenland research section.*

A deficient research climate among doctors in Greenland will now be remedied. The few people who have attempted to conduct research in connection with their work in Greenland have always lacked a form of support. For example, doctors have lacked someone to turn to if they had doubts about their research.

The Danish Institute of Clinical Epidemiology, DIKE, has now remedied this situation by setting up a section especially for Greenland research. Dr. Peter Bjerregaard is employed here.

Bjerregaard is not unknown in Greenland. He is chairman of the Greenland Medical Society and is working on a questionnaire survey of the health and living habits of the population of Greenland in which over 3,000 people from all over Greenland will be questioned.

It will take 3 years to complete the study, as interviewers must visit all municipal districts and towns as well as many rural areas in Greenland to gather information. After that comes the work of analyzing the material and drawing conclusions.

Lack of Support

"The people who carry out research in Greenland have always lacked support, so the fact that DIKE has now created a section especially for the purpose of supporting Greenland research shows that it is being taken seriously and that it will now be possible to spend time on it," said Dr. Bjerregaard.

"People who want to carry out research in Greenland are very isolated. Normally a researcher has his own personal network, but it is hard in this country where people are spread out over such vast distances.

"Even though DIKE has not put more money into research it is a big advantage for researchers here in Greenland that there is now a section in Denmark they can contact if they have doubts about something. Now there is at least formalized cooperation between researchers in Denmark and Greenland.

"The money for the actual research will come from various foundations, people can apply for funding," Bjerregaard said.

Cooperation Important

"It is very important for us that we now have people with whom we can discuss our research on a more formal basis," said doctors Gert Mulvad and Henning Sloth Pedersen, who are currently working on research concerning marine mammals' impact on arteriosclerosis.

"It is impossible to conduct research without someone to discuss it with. So it is important that there is a resource person in Denmark whom we can call up. His contact network will also enable him to refer us to the right people to discuss things with.

"There are only 70 doctors in Greenland and not all are interested in research, which means there are only a few people to talk to, so we are definitely pleased that there is now one person in Denmark we can contact," said Mulvad and Pedersen, who noted that there is another new institute, namely the Center for Arctic Environmental Medicine which comes under Arhus University. This institute is essentially concerned with environmental medicine, especially in Greenland, and is also a public institute, the two doctors said.

IRELAND

Infant Mortality Falls to New Low

93WE0297 Dublin IRISH INDEPENDENT in English 5 Feb 93 p 5

[Text] Infant mortality and cot death numbers have fallen to their lowest levels.

The infant mortality rate dropped to 5.3 deaths per 1,000 births between July and September last—the lowest figure recorded in a quarter, the Irish Medical Times reports.

The previous low was recorded in the fourth quarter of 1987 when six out of every 1,000 babies died before reaching their first birthday.

The number of cot deaths has also fallen during the first 9 months of last year. The report says that since 1980 the annual percentage of infant deaths attributed to sudden, unknown causes has fluctuated from a high of 29pc, recorded in 1986, to a low of 18pc.

It has been speculated that the fall could be related to publicity about the possible risk factors for cot death, including putting an infant to sleep on its stomach and avoiding over wrapping of the infant.

Prof William Shannon of the advisory committee on cot death said however that this could be just a "blip" although he hoped it would be a trend.

Breast Cancer Among Women Doubles in 25 Years

93WE0300 Dublin IRISH INDEPENDENT in English 28 Jan 93 p 6

[Text] Breast cancer among Irish women has almost doubled in the past 25 years, one of the country's leading cancer experts has warned.

About 660 women die from the disease every year—yet research into pinpointing the causes is mainly funded from private sources, and undertaken by charities, he pointed out yesterday.

And Professor Fred Given, director of the National Breast Cancer Research Institute, based in Galway, called for a national strategy to fund and coordinate research, and a national screening programme.

Breast cancer, he added, is now the leading cause of death in middle-aged Irish women, with the incidence rising: in 1967 it was 1 in 20, but now its 1 and 11.

While much attention had been given to the incidence of AIDS—it has claimed 258 lives here in the past 10 years—over the same period 25 times that number, more than 6,000 women, had died of breast cancer.

"It's now time breast cancer was taken out of the closet and discussed openly and frankly," added the professor.

While screening programmes were known to reduce mortality in post-menopausal patients, Ireland was one of the few countries in the developed world without such a programme.

Research must be undertaken in specialized cancer units adequately staffed and funded.

Minister Notes Long Waits for Hospitalization

93WE0341 Dublin IRISH INDEPENDENT in English 11 Mar 93 p 7

[Article by Lorna Reid and Mairtin MacCormaic]

[Text] A patient has been waiting almost 13 years for open heart surgery, Health Minister Brendan Howlin disclosed in the Dail yesterday. And as of March 1 there were 1,270 people on the list for such surgery, he told Deputy Liz O'Donnell (PDs).

Mr Howlin pointed out the number of open heart operations here each year tops 1,000, but admissions for it is a clinical decision by the consultant solely based on a patient's condition and not length of time on the waiting list.

The Minister also disclosed that between 26 and 28 bone marrow transplants are scheduled for this year. Adult operations were carried out at St James' Hospital and those on children at Our Lady's Hospital, Crumlin, both Dublin.

Patients who could not be facilitated at either hospital and who needed urgent treatment were referred abroad under EC arrangements.

Fine Gael health spokesman Charles Flanagan said hospital waiting lists were a damning indictment of the health services.

This year's figures would represent a substantial increase on those for 1991, which showed about 40,000 people were awaiting hospital treatment.

"This is a very sad reflection on Ireland as a society," added Mr Flanagan.

Mr Howlin, however, stressed he was only 6 weeks in office and pointed out one of the Programme for Government's priorities was to make a major impact on hospital waiting lists. They were determined to do that.

To that end, he added, the Government had allocated £20m for a major action programme.

SWEDEN

Supplies of Whooping Cough Vaccine Run Out

93WE0245C Stockholm DAGENS NYHETER in Swedish 23 Jan 93 p 17

[Article by Kerstin Hellbom: "Sweden Lacks Whooping Cough Vaccine: New Drug To Be on Market in a Few Months"]

[Text] Sweden is entirely without whooping cough vaccine. Deliveries from the English pharmaceutical firm which produces the vaccine stopped 6 months ago and now stocks in Sweden are empty.

"Do we parents in this welfare country have to travel with our children to Denmark or some other country in Europe if we want to protect them from whooping cough?" wondered Anders Englund of Linkoping in a letter to DAGENS NYHETER.

Hopefully neither he nor other parents will need to do that. At the National Bacteriological Laboratory, SBL, they hope that a new vaccine will be on the market in Sweden "within a few months." This presupposes that the vaccine which is now undergoing testing at a pharmaceutical factory in Uppsala fulfills safety and effectiveness requirements.

Three Types Being Tested

But even that vaccine will only be a preliminary one as researchers await a vaccine which is good enough that it can be included in the general vaccination program for children. Three candidates for this program are being tested at the present time on children in Sweden.

In Sweden children were vaccinated against whooping cough, which is a bacterial infection of the respiratory tract, in the 1970's. When it was shown that the vaccine

was not particularly effective and furthermore that it could produce serious side effects on the brain, the National Board of Health and Welfare halted it in 1979.

At that time, in the 1970's, a vaccine was used which was made out of whole whooping cough bacteria. During the 1980's a vaccine was used which was only made from some active parts of the bacteria. A Japanese variant of these "component vaccines" was tested on 5,000 children in Sweden but the National Board of Health and Welfare said no to using it in general vaccinations owing to the risk of side effects.

English Vaccine

Since whooping couch can produce serious symptoms, it was nevertheless decided to allow those parents who so wished to have their children vaccinated with a whole-cell vaccine rather like the one that was stopped, which was manufactured by Wellcome, the English pharmaceutical firm. The vaccine was not registered in Sweden and health centers did not report on it, but those parents who still got the information and were willing to pay what it cost could get their children vaccinated. Between 10,000 and 15,000 children per year were vaccinated at their parents' request.

Last summer the pharmaceutical firm noticed mistakes in its production process, which meant that the risks [of using] the vaccine became too great. The vaccine will not be manufactured again until 1994 at the earliest. Deliveries have halted and Swedish stocks are empty.

"We had to go through an enormous amount of work to get a vaccine that we could use while we wait for one that we'll be able to use generally in the future. We now believe we've found a whole-cell vaccine that produces few side effects, and if everything clicks with the Swedish trials, it will be out there in a few months," said the SBL's Ann-Marie Ahlbom.

General Vaccination

The three vaccine candidates which are now being tried on 10,000 Swedish children are two component vaccines and one whole-cell vaccine. In the mid-1990's the trial will conclude and at that time the vaccine which proves to have the best protective effect and produces the fewest side effects will become part of the general children's vaccination program. As presently constituted, this includes tetanus, diphtheria, polio, an antimeasles combination vaccine, mumps, and German measles plus, beginning this year, an antihemophilia influenza which can lead to meningitis.

TURKEY

Health Minister, Albanian Counterpart Discuss Cooperation

AU0412170892 Tirana ATA in English 1114 GMT 4 Dec 92

[Text] Tirana, December 4 (ATA)—A meeting organized in Turkey with the participation of the ministers of health of the basin was also attended by a delegation from Albania, headed by the Minister of Health and Environmental Protection Tritan Shehu.

This meeting discussed and concluded about the further broadening of cooperation and mutual aid in preventing the spread of infective diseases and in the mutual exchange of information in this aspect.

The Albanian minister of health had a warm meeting with the Turkish minister of health discussing at length about the draft-protocol of the agreement of cooperation in the field of health between the two countries, envisaged to be signed during the visit the minister of the Republic of Turkey will make to Albania.

Minister Tritan Shehu had many meeting in Salonica. The prefect of Salonika, mayor, representative of the Doctors' Association of Northern Greece, directors of various health institutions expressed their commitment to strengthen cooperation with our health institutions, especially in curing all the sick persons and increasing contacts among doctors. They agreed on a series of joint activities, such as in general medicine, cardio-surgery, and other specialities.

UNITED KINGDOM

Children of Nuclear Workers at Greater Risk of Developing Leukemia

93WE0309A London THE DAILY TELEGRAPH in English 5 Mar 93 p 8

[Article by David Fletcher and Jonathan Petre: "New Link Between Nuclear Industry and Child Cancers"]

[Text] New evidence that children are at greater risk of developing leukaemia if their fathers are exposed to radiation through working in the nuclear industry is announced by scientists today.

They found a higher rate of leukaemia among children whose fathers are employed at the atomic weapons establishments at Aldermaston and Burghfield, near Reading, than among other children.

The results are similar to those of an earlier study of children whose fathers worked at the Sellafield nuclear reprocessing plant in Cumbria.

That study, by Prof Martin Gardner, professor of medical statistics at Southampton University, found that children of fathers exposed to radiation while working at Sellafield in the 6 months before conception were at greater risk of developing leukaemia.

It suggested that radiation levels previously considered safe may have caused a mutation in the fathers' sperm which caused disease to develop in their children.

The latest study, published in the BRITISH MEDICAL JOURNAL, studied 54 children under five who were diagnosed with leukaemia or non-Hodgkin's lymphoma

between 1972 and 1989 and who lived in west Berkshire or north Hampshire. Each was compared with six other children born in the area at the same time but who did not have either condition.

It found that five—9 percent—of the 54 children with leukaemia or non-Hodgkin's lymphoma had a parent who had been employed in the nuclear industry compared with 14—4 percent—of the 324 children without these cancers.

The study was carried out by the Imperial Cancer Research Fund's Cancer Epidemiology Unit at Radcliffe Infirmary, Oxford, and doctors at Stoke Mandeville Hospital, Aylesbury, and Royal Berkshire Hospital, Reading.

Dr Eve Roman, research scientist at Radcliffe Infirmary, urged caution over the findings because of the small numbers involved and called for more research involving bigger numbers of children.

The Department of Health is to refer the study's findings to the independent Committee on Medical Aspects of Radiation in the Environment which advises the Government.

The findings have encouraged families whose claim for compensation on behalf of affected children is now going through the High Court.

Their solicitor, Mr Martyn Day, said: "The natural conclusion from this study is that, like Sellafield, whatever is causing these excess cancers, it appears to be linked in some way with the radiation exposure of the children's parents."

A former worker at the Aldermaston nuclear plant whose son contracted leukaemia 2 years ago has urged further research.

Mr Geoffrey Bell, 40, an engineer, of Basingstoke, Hampshire, said his son Paul, now 15, had been conceived within months of his leaving the plant where he had been employed for 2 years. He and his family had lived within 6 miles of the plant for 8 years.

He is one of a number expected to consider legal action against the plant if test cases brought by Sellafield workers against their employers are successful. A judgment on those cases is expected in June.

Another potential claimant, Mr Philip Wysockyj, who worked as a grass cutter at the nearby Burghfield nuclear plant for 6 months in 1972, also called for a full independent inquiry. His 4-year-old son, John, died of leukaemia in 1979.

Hospital Waiting Lists Grow Over Summer

93WE0154 London THE DAILY TELEGRAPH in English 12 Nov 92 p 2

[Article by David Fletcher]

[Text] The number of patients waiting for hospital treatment rose to nearly 940,000 in September, an increase of 1-4 percent over the 3 months from June.

The increase has taken place despite the priority being given to reduction of waiting lists by the Department of Health and despite spending of nearly £40 million on its waiting list initiative.

Only three out of 14 health regions—East Anglia, Oxford and South-East Thames—have succeeded in cutting waiting lists for operations and day-case surgery. All other regions have experienced increases in the numbers of patients waiting for treatment—by almost nine percent in the case of South West Thames health authority.

The Department of Health has been more successful in reducing the longest waiting lists.

Only five people are still waiting more than 2 years for an operation.

The numbers waiting between 1 and 2 years have fallen by three percent to a total of just over 80,000 but those waiting less than a year have risen in all but two health authority regions to reach a new total of nearly 860,000. A spokesman for the Department of Health said the numbers waiting were less important than the time they waited and waiting time was coming down.

He said: "Waiting lists are rising because of the strength of demand for treatment.

"The very success of the health service causes more people, particularly the elderly, to seek treatment which they might not have bothered about before."

Mr Tom Sackville, junior Health Minister, described the fall in the number of patients waiting more than a year as "encouraging."

British Firms Increase Hospital Ownership

93WE0311A London THE DAILY TELEGRAPH in English 1 Mar 93 p 8

[Article by David Fletcher, health services correspondent: "UK Firms Increase Hospital Ownership"]

[Text] British firms have greatly increased their ownership of private hospitals and are the "big success" of private health care, the Independent Healthcare Association says in a report today.

It says British groups now own or manage more of the independent acute hospital sector than other European or American companies and outnumber charitable hospitals.

Its annual survey found that nearly 40 percent of the UK's independent hospitals are owned or managed by British firms, compared with three percent in 1980.

American groups, once big providers of independent hospitals in Britain, now have 0.5 percent of the total,

while European groups—principally French—have grown to 11 percent. The only American-owned hospital is now the Wellington in St John's Wood, north-west London.

The survey shows there are 221 private acute hospitals with a total of 11,306 beds in the UK compared with 150 hospitals with 6,671 beds in 1979.

Charitable hospitals, which made up nearly 60 percent of the 1980 total, now account for 38 percent as commercial private hospitals have gradually taken over the provision of private healthcare.

Mr Barry Hassell, of the Independent Healthcare Association, said the survey showed the future of private healthcare lay in providing well-equipped, modern hospitals in pleasant environments.

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